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| <b>Case Number:</b>   | CM13-0040409 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 02/13/1985 |
| <b>Decision Date:</b> | 03/21/2014   | <b>UR Denial Date:</b>       | 10/01/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 75-year-old male who reported an injury on 02/13/1985. A review of the medical record reveals the patient's diagnoses include persistent radiculopathy in the right upper extremity, mild radiculopathy of the left upper extremity, presumed cubital tunnel syndrome, bilateral trochanteric bursitis, presumed left-sided sacroiliitis, lumbar fusion at L3-S1 on an unspecified date, and cervical fusion of C3-6 on 06/29/2010. The patient has received prior trigger point injections to the lower back, which were beneficial for a short period of time. Examination of the lumbar spine revealed marked and active trigger points on the right side along the parascapular region. The physician recommended trigger point injections. Venous noninvasive study performed on 07/18/2013 revealed normal noninvasive venous study of the legs. No evidence of deep venous thrombosis, with a mild amount of reflux in the right greater saphenous vein on Valsalva. The most recent progress note dated 08/08/2013 indicated that the patient complained of ongoing back pain and foot pain. He stated there was heaviness and tingling in bilateral upper extremities. Objective findings upon examination revealed hyperesthesia in bilateral upper extremities, the right being worse than the left. There was mild swelling of the fingers and the hands, consistent with chronic neuropathic findings.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**The purchase of a peripheral pain stimulator for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-107.

**Decision rationale:** Per the California MTUS Guidelines, it is stated that the requested service is recommended only for selected patients in cases where less invasive procedures have failed or contraindicated, following a successful temporary trial use of a spinal cord stimulator. The California MTUS also state that spinal cord stimulators are recommended for CRPS, and they should be offered only after careful counseling and patient identification, and should be in conjunction with the comprehensive, multidisciplinary medical management. As there is no documentation provided in the medical record that the patient has gone through the stimulator trial, received any counseling, and is enrolled in any type of multidisciplinary medical management at this time, the medical necessity for the use of the requested service cannot be determined at this time. As such, the request for a peripheral pain stimulator purchase for the cervical spine is noncertified.