

<b>Case Number:</b>	CM13-0042618		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	12/11/2000
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 73 year old male who reported an injury on 12/11/2000. He was seen on 09/09/2013 for increasing back and leg pain. The report indicated he was more than a year status post L3-4 and L4-5 decompression with instrumented interbody and posterior arthrodesis. He had relief for several months but returned stating he had intense pain in his back into his buttocks, mid back, shoulders, and both hips. The note stated he developed leg cramping at night and he takes 3-4 pain pills a day. The exam noted slight sacroiliac tenderness bilaterally and sciatic notch tenderness. He had 5/5 strength in the lower extremities with 1+ deep tendon reflexes at the knees and ankles, down going toes, and negative Hoffman's sign. The note indicated plain x-rays of the lumbar spine showed excellent position of hardware and grafts with good arthrodesis from L3-L5 and disc space narrowing with degenerative disc disease, unchanged at L5-S1. Also, he had a slight wedge fracture of the superior endplate of L2 which is chronic. He was recommended an updated MRI to look for other potential surgical problem and a possible spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Placement of neuro-stimulator:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** CA MTUS recommends neuro-stimulation for failed back syndrome in patients who have undergone at least one previous back operation. Additionally, guidelines recommend psychological evaluations for spinal cord stimulation trials. The documentation submitted did not provide evidence of a psychological evaluation and therefore, does not meet guidelines. As such, the request is non-certified.