

<b>Case Number:</b>	CM13-0052851		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/13/1991
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Orthopedic Surgery 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 49-year-old female who reported injury on 11/13/1991. The mechanism of injury was noted to be the patient stepped off a ladder and felt immediately lower back pain and radiation into the left leg. The patient had physical therapy, acupuncture and 2 laminectomies. The patient had an MRI on 07/09/2012 which revealed multilevel degenerative disc disease that was worst and advanced at L5-S1. There was a posterior disc-spur complex present at this level causing mild bilateral exiting nerve root impingement. The spinal canal at all levels was widely patent. The most recent physical examination revealed the patient had dermatomal sensory loss in the left posterolateral calf that the physician opined fit with the left L5-S1 foraminal stenosis on MRI. The patient had residual nerve compression from the previous 2 laminectomies per the surgeon. It was opined the patient would need a decompression and resection of the bone that was necessary to adequately decompress the nerve roots which would create instability and require a fusion. The documentation to support the request for a spinal cord stimulator and evaluation was dated 08/20/2013. The patient had failed previous lumbar spine surgeries and had tried and failed conservative therapy. The request was made for a spinal cord stimulator. The patient's diagnosis was L5-S1 Nerve root impingement and lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A spinal cord stimulator trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Guidelines recommend spinal cord stimulators when less invasive procedures have failed or are contraindicated for specific indications including failed back syndrome. The patient had an MRI on 07/09/2012 which revealed multilevel degenerative disc disease that was worst and advanced at L5-S1. There was a posterior disc-spur complex present at this level causing mild bilateral exiting nerve root impingement. The spinal canal at all levels was widely patent. The clinical documentation submitted for review indicated the patient failed conservative care. The patient underwent a lumbar epidural steroid injection, a caudal steroid injection, physical therapy, acupuncture, and surgical intervention. The request was concurrently submitted with a request for a psychological evaluation for the spinal cord stimulator trial. As such, the patient failed to have a psychological evaluation prior to the request and the request for a spinal cord stimulator trial is not medically necessary.

**A psychological evaluation for clearance for a spinal cord stimulator trial:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 101.

**Decision rationale:** California MTUS Guidelines recommend a psychological evaluation prior to spinal cord stimulator trial. The clinical documentation indicated the physician opined the patient needed treatment with a spinal cord stimulator trial and a psychological evaluation is necessary prior to the trial. Given the above, the request for a psych evaluation for clearance is medically necessary.