

<b>Case Number:</b>	CM13-0056827		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/08/2001
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/23/2013

### 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, has a Fellowship trained in Spine Surgery and is licensed to practice in California and 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 59-year-old female who reported injury on 05/08/2001. The mechanism of injury was not provided. The patient was noted to undergo physical therapy, medications, psychiatric treatment as well as chiropractic treatment and trigger point injections. The patient had pain in performance of home chores including washing dishes, brushing her hair or teeth and find motor manipulation as well as cleaning her house and prolonged driving. The patient's diagnoses were noted to include thoracic outlet syndrome and cervicothoracic myalgia. The request was made for a consult for a TENS implantable spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult for TENS Implantable Spinal Cord Stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS recommends the consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in

3 months. The physician opined the patient would be a candidate for a spinal cord stimulator and would need a consult for the spinal cord stimulator. Per California MTUS Guidelines indicate that spinal cord stimulators are recommended for patients when less invasive procedures have failed or are contraindicated and for specific conditions following a successful temporary trial. Indications for stimulator implantation include failed back syndrome and complex regional pain syndrome. The patient should have a psychological evaluation prior to the spinal cord stimulator trial. The clinical documentation submitted for review failed to indicate the patient had either of the listed indications as the patient was not noted to have failed back syndrome or CRPS. The patient was noted to have thoracic outlet syndrome. As the patient would not qualify for the use of a spinal cord stimulator, there is no necessity for a consult for a spinal cord stimulator. Given the above, the request for consult for TENS implantable spinal cord stimulator is not medically necessary.