

<b>Case Number:</b>	CM13-0058742		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/25/2008
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, 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 expert 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 46 year old male whose date of injury is 9/25/08. The patient fell from a ladder and injured his lumbar spine. A lumbar MRI dated 11/3/09 revealed evidence of prior spinal fusion surgery at L5-S1. A psychological evaluation dated 1/14/13 indicated diagnoses of major depression and anxiety disorders. The patient was recommended to undergo psychological treatment. Treatment to date has included surgical intervention, physical therapy, acupuncture, and medication management. A neurosurgical consultation on 5/3/13 indicated that the patient is status post thoracic laminectomy. The patient underwent lumbar epidural steroid injection on 5/30/13. A lumbar MRI dated 6/11/13 revealed successful surgical fusion of the L5 to the S1 vertebral body, bilateral L5-S1 hemilaminectomies, and no evidence of spinal canal, lateral recess or neural foraminal stenosis at the L5-S1 interspace. EMG/NCV done on 7/26/13 revealed findings suggestive of bilateral chronic active L5-S1 radiculopathy. Psychological re-evaluation dated 10/21/13 indicated that the patient was recommended for continued individual psychotherapy. His condition is permanent and stationary. He continues to report that he has suicidal ideation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL CORD STIMULATOR TRIAL:** Upheld

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

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

**Decision rationale:** Based on the clinical information provided, the request for a spinal cord stimulator trial is not recommended as medically necessary. Although the patient has undergone prior psychological evaluations, there is no indication that the patient has received psychological clearance for spinal cord stimulator trial. The California MTUS guidelines require pre-procedure psychological evaluation to assess the patient's appropriateness for the procedure and to address any potentially confounding issues. As such, the request is not medically necessary.