

<b>Case Number:</b>	CM13-0069864		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Mississippi. 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:

Per MTUS Post-Surgical Treatment Guidelines, physical therapy is recommended for a finite period of time of 14 weeks as part of a complete rehabilitation program with emphasis on functional goals and transitioning to an independent home exercise program. Per the medical records, the patient is documented as doing well with rehabilitation and the recommendation was for continued home exercise program. As recommended in the guidelines, therapy is necessary for 14 weeks. Based on the current documentation that the patient has had extensive therapy visits, has shown improvement, and can participate in a home exercise program, the request for continued physical therapy is not medically necessary or appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SCS (SPINAL CORD STIMULATOR) TRIAL FOR THE LUMBAR SPINE FOR RENTAL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN, 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 105 of 127.

**Decision rationale:** The California MTUS Guidelines support spinal cord stimulators for selected patients as a last resort in cases when less invasive procedures have failed or are contraindicated and follow a successful temporary trial. Based on the clinical documentation provided, the claimant has not exhausted all reasonable and conservative treatment options to include additional lumbar steroid injections, radiofrequency ablation or additional spine fusion as recommended by an orthopedic spine surgeon. Furthermore, the claimant's main complaint is back pain, and the procedure works best for neuropathic pain. Imaging studies of the lumbar spine have failed to demonstrate lumbar foraminal or canal stenosis. As such, the request is not considered medically necessary.

**PSYCHOLOGY REFERRAL FOR SCS (SPINAL CORD STIMULATOR):** 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: 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 101-102 of 127.

**Decision rationale:** The California MTUS Guidelines support psychological evaluations. The claimant has undergone several lumbar spine surgeries and continues to suffer from chronic back pain and lower extremity numbness. Several procedures/surgeries have been recommended over the past two years to include medial branch blocks, RFA, spinal cord stimulator and lumbar spine fusion from L3 to L5. Furthermore, the claimant has history of depression and Post Traumatic Stress Disorder (PTSD) and was prescribed Cymbalta. Based on the claimant's complex history, multiple surgeries and clinical documentation available for review, a psychological evaluation is considered medically necessary.