

<b>Case Number:</b>	CM13-0072655		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	08/04/2005
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Occupational Medicine, 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:

Claimant is a 54 year old male with date of injury 8/4/2005. Per progress note dated 12/9/2013, the claimant complained of increasing pain in the cervical spine. He complained of objects falling out of his hand and decreased grip of the hand. On exam there was cervical spine tenderness and spasm, and full range of motion. There was tenderness and spasm noted in the lumbar spine with positive straight leg raise. Back range of motion: flexion 75/90, extension 25/30, right lateral bending 20/30, left lateral bending 20/30. Left shoulder range of motion: abduction 80/170, adduction 30/50, and flexion 60/170. There was pain with abduction and flexion of the left shoulder. There was decreased grip on the left and he was unable to do overhead reaching, pushing, and pulling on the left. Motor function is reported as 5/5. Diagnoses include 1) status post lumbar spine surgery 2) status post cervical spine surgery 3) gastric ulcer 4) esophagitis. The claimant has done well with an injection to the left subacromial space provided on 11/7/2013, and is given Neurontin 600 mg three times per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Spinal Cord Stimulators.

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

**Decision rationale:** The claimant does not meet the criteria established by the guidelines above to support the use of a spinal cord stimulator. QME report dated 11/25/2013 recommends orthopedic re-evaluations, prescription medications and short courses of chiropractic or physical therapy, and that he should have provisions for pain management in the event of a significant flare up, and possibly further surgery should that become medically necessary. Although the claimant still has some spine tenderness and spasm noted at his cervical spine, this is not necessarily a failed back syndrome. The request for spinal cord stimulator for the cervical spine is determined to not be medically necessary.