

<b>Case Number:</b>	CM14-0002650		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	06/02/2009
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Physical Medicine and Rehabilitation 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 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 injured worker is a 61 year old female with an injury reported on 06/02/2009. The mechanism of injury was noted to have occurred when she was involved in a motor vehicle accident. The clinical note dated 01/31/2014, reported that the injured worker complained of low back and leg pain. The clinical note dated 01/03/2014 reported that the physical examination findings showed crepitus in neck with active range of motion and cervical paraspinal muscle tenderness. The injured worker was reported to have continual low back pain without radicular symptoms. It was noted that the injured worker had been prescribed Nucynta ER and Percocet previously, and that Percocet is no longer available and will prescribe Nucynta IR. MRI of thoracic spine (04/09/2012) reported that there was a 2mm central posterior disk protrusion at T6-7 level and at T7-8 level causing pressure over the anterior aspect of the thecal sac. The injured worker's diagnoses included thoracic pain to right side status-post motor vehicle accident; status-post C4-5, C5-6 anterior cervical fusion/anterior cervical discectomy and fusion (ACDF); two level thoracic degenerative disc disease; myofascial pain/spasms on the right parathoracic thoracic spin; analgesic dependency with tolerance but efficacy. The request for authorization was submitted on 01/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOLOGICAL EVALUATION FOR CLEARANCE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

**Decision rationale:** The request for psychological evaluation for clearance is not medically necessary. The injured worker complained of continual low back pain without radicular symptoms. It was noted that the injured worker was status-post C4-5, C5-6 anterior cervical fusion/anterior cervical discectomy and fusion. It was noted that the injured worker had been prescribed Nucynta ER and Percocet previously, and that Percocet is no longer available and will prescribe Nucynta IR. According to the Chronic Pain Medical Treatment Guidelines, a psychological evaluation is recommended prior to a spinal cord stimulator trial. However, the injured worker is not an ideal candidate for the trial as discussed below. Therefore, the request is not medically necessary.

**PNS SPINAL CORD STIMULATOR TRIAL FOR THE THORACIC SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Spinal cord stimulator (SCS); Indications for stimulator implantation: Spinal cord stimulator (SCS), Page(s) 105-107.

**Decision rationale:** The request for PNS spinal cord stimulator trial for the thoracic spine is not medically necessary. The injured worker complained of continual low back pain without radicular symptoms. It was noted that the injured worker was status-post C4-5, C5-6 anterior cervical fusion/anterior cervical discectomy and fusion. MRI of thoracic spine (04/09/2012) reported that there was a 2mm central posterior disk protrusion at T6-7 level and at at T7-8 level causing pressure over the anterior aspect of the thecal sac. According to the Chronic Pain Medical Treatment Guidelines, recommend spinal cord stimulators only after careful counseling and patient identification and should be used in conjuciton with comprehensive multidisciplinary medical management. Indications for a spinal cord stimulator include failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit. It was unclear of the injured worker's previous unresponsive treatments to thoracic spine. In addition, there is no indication the injured worker has a diagnosis of failed back syndrome for the thoracic spine to warrant a spinal cord stimulator trial at this time. Furthermore, the injured worker has not received psychological clearance to date. Therefore, the request is not medically necessary.