

<b>Case Number:</b>	CM14-0004436		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 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:

The claimant is a 44-year-old female who was injured on December 9, 2010. The claimant is documented as having sustained repetitive motion injuries to the next lower back. The claimant underwent anterior cervical discectomy and fusion. The claimant also underwent a posterior lumbar interbody fusion following a discectomy at L5-S1. A clinical progress note dated November 12, 2013 is provided for review and the clinician "strongly" recommends both the nerve stimulator and physical therapy. Additional information regarding the nerve stimulator is not provided. Physical examination documents diffuse spasm through the cervical and lumbar spine. The progress note from September 24, 2013 indicates that the claimant presents for follow-up after seeing pain management specialist the recommended placement of a pain stimulator. Conservative treatment has included physical therapy, medications, and the above noted operative interventions a clinical progress note dated January. An AME dated January 21, 2014 is provided for this review. The clinician notes that a pain stimulator was recommended for placement. Electrodiagnostic studies were previously performed on May 3, 2013, and demonstrated evidence of radiculopathy in both the neck and low back. The utilization review in question was performed on January 8, 2014. The reviewer non-certified the request for a nerve stimulator to be applied to the neck and low back. The reviewer denies the claim noting that the records do not indicate what type of stimulator the requested. The reviewer references the ODG pain chapter noting a specific section on neuromuscular electrical stimulation. The ODG indicates that this type of stimulator is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NERVE STIMULATOR TO THE NECK AND LOW BACK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Neuromuscular Electrical Stimulation.

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

**Decision rationale:** Upon review the clinical documentation provided, the request appears to be for spinal cord stimulator. The clinician does not indicate whether this is for the low back, cervical spine, or both. The California MTUS recommends this is an option in cases where less invasive procedures have failed and may be beneficial for the treatment of failed back syndrome to the lumbar spine but less so in the cervical region. Additionally, the guidelines indicate that a trial should be attempted prior to permanent placement. The clinical documentation does not indicate whether this is a trial or for what specific region the request is for. As such, the request is considered not medically necessary.