

<b>Case Number:</b>	CM14-0109653		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/15/1998
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 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 injured worker is a 41 year old male who reported an injury to his low back on 10/15/98. No information was submitted regarding the initial injury. The utilization review dated 07/08/14 resulted in a denial for a spinal cord stimulator trial as no information had been submitted regarding the injured worker's completion of a conservative treatment; no psychological evaluation had been submitted and no recent comprehensive clinical evaluation had been completed confirming the likely benefit of the spinal cord stimulator trial. The clinical note dated 03/17/14 indicates the injured worker rating low back pain as 6/10. There is an indication the injured worker has been utilizing Soma and hydrocodone. The note does indicate the injured worker functioning well and had returned to work full-time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Trial of Spinal Cord Stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

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

**Decision rationale:** The documentation indicates the injured worker complaining of ongoing low back pain. The spinal cord stimulator trial is indicated for injured workers who have completed all conservative treatments as well as a psychosocial evaluation addressing any confounding issues as well as potential outcomes of the pending service. No information was submitted regarding the injured worker's previous involvement with conservative therapies. Additionally, no objective functional deficits were submitted in the documentation. Furthermore, no information was submitted regarding the injured worker's completion of a psychosocial screening. Given these factors, the request is not indicated as medically necessary.