MAXIMUS Federal Services

| Case Number: | CM14-0011361 | | |
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| Date Assigned: | 02/21/2014 | Date of Injury: | 01/04/2009 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 01/01/2014 |
| Priority: | Standard | Application Received: | 01/28/2014 |

## 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 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck, elbow, and shoulder pain reportedly associated with an industrial injury of November 4, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier cervical diskectomy and fusion surgery; psychotropic medications; topical patches; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated January 1, 2014, the claims administrator denied a request for a trial of a percutaneous spinal cord stimulator, stating that there is no compelling evidence that the applicant has failed lower levels of care. In a January 21, 2014 progress note, the applicant was described as having persistent complaints of back pain radiating to left arm with associated dysesthesias about the bilateral upper extremities. The applicant was on BuSpar, Prozac, Valium, unspecified antihypertensive, unspecified cholesterol lowering medications, Percocet, Flector, and Robaxin, it was stated. Diminished left upper extremity grip strength was noted. The applicant was given refills of various medications. It was stated that the applicant had been psychology cleared for a spinal cord stimulator on December 10, 2013 and had failed an earlier cervical spine surgery, physical therapy, NSAIDs, and epidural steroid injection therapy. The applicant was placed off of work, on total temporary disability, and asked to obtain the previously denied spinal cord stimulator trial.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCUTANEOUS SPINAL CHORD STIMULATOR 5 DAYS TRIAL FOR CERVICAL SPINE COMPLAINTS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, SPINAL CORD STIMULATOR,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, IDDS and FCS topic, Indications for Stimulator Implantation topic. Pa.

**Decision rationale:** As noted on page 107 of the MTUS Chronic Pain Medical Treatment Guidelines, indications for spinal cord stimulator implantation include evidence of failed back syndrome in applicants who have undergone at least one previously failed spine surgery. While the MTUS goes on to note that the procedure should be employed with more caution in a cervical region than the thoracic or lumbar region, in this case, the applicant has, as suggested by the attending provider exhausted operative and nonoperative treatment in the form of time, medications, physical therapy, epidural steroid injection therapy, adjuvant medications, opioid medications, etc. A trial of a spinal cord stimulator is therefore indicated and appropriate, particularly in light of the fact that the attending provider has seemingly obtained a favorable precursor psychological evaluation, as suggested on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.