

<b>Case Number:</b>	CM14-0115216		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Illinois. 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 59-year-old male who reported injuries due to a motor vehicle accident followed by a slip and fall after he exited his vehicle on 12/10/2008. On 05/07/2014; his diagnoses included rotator cuff tear of the right shoulder; cervical and lumbar spine myofascitis; degenerative joint disease of the cervical and lumbar spine; chronic synovitis of the left wrist; rotator cuff tendinitis of the bilateral shoulders; AC joint arthritis of the bilateral shoulders; scapholunate tear with condylar fracture of the lunate, radius, and loose bodies of the left wrist; nerve compression in the left elbows, status post release; and status post fusion of the cervical spine. The treatment plan included a request for a right shoulder arthroscopy and debridement, a request for a surgical assistant to assist with the surgery, and a request for postoperative physical therapy to the right shoulder. His complaints included intermittent contracture/cramping to the left hand and fingers, numbness to the 4th and 5th fingers of the left hand, pain in his bilateral shoulders worse on the right side than the left, neck pain, neck stiffness, wrist pain bilaterally worse on the left than on the right, bilateral wrist stiffness, and persistent low back pain. His lumbar spine examination revealed tenderness to the lumbar muscles with a negative straight leg raising test bilaterally. There was tenderness to the sacroiliac joint and a positive pump handle test. There was crepitation over the lumbar spine and moderate low back tenderness with spasms. His lumbar spine ranges of motion measured in degrees were flexion 30/30, extension 10/45, lateral bending 15/40, and rotation 10/40. There was no rationale or request for authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical Lumbar Spinal Cord Stimulator Trial: 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) Spinal Cord Stimulator.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS), and Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 105-107, 101-102.

**Decision rationale:** The request for Surgical Lumbar Spinal Cord Stimulator Trial is not medically necessary. The California MTUS Guidelines recommend spinal cord stimulators only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions including failed back syndrome, persistent pain in patients who have undergone at least 1 previous back operation, and found to be more helpful for lower extremity than lower back pain. Its use must be preceded by a successful temporary trial; psychological evaluations are recommended pre spinal cord stimulator trial. There is no documentation submitted that this injured worker underwent a surgical procedure to the lower back. Furthermore, there was no psychological evaluation submitted prior to the requested spinal cord stimulator trial. Therefore, the request for Surgical Lumbar Spinal Cord Stimulator Trial is not medically necessary.