

<b>Case Number:</b>	CM14-0127917		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53-year-old gentleman was reportedly injured on November 15, 2010. The mechanism of injury is noted as repeatedly trying to shut a gate that was stuck. The most recent progress note, dated April 25, 2014, indicates that there are ongoing complaints of low back pain and shoulder pain. The injured employee has had a previous spinal cord stimulator trial which was stated to have reduced pain by 80 to 85% and reduces medication usage. The physical examination demonstrated an intact spinal cord stimulator with no signs of infection. There was decreased lumbar spine range of motion with pain. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes bilateral laminectomy and partial facetectomy of L4 - L5 and L5 - S1 with subsequent posterior interbody fusion at L4 - L5 and L5 - S1, psychiatric care, home exercise program, injections, chiropractic care, and acupuncture. A request had been made for the implant of a spinal cord stimulator and was not certified in the pre-authorization process on August 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Implant of a Spinal Cord Stimulator between 7/30/2014 and 9/13/2014: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, spinal cord stimulator, updated July 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines the indication for a spinal cord stimulator implantation includes that the injured employee symptoms are primarily lower extremity radicular pain. The progress note dated April 25, 2014, does not state that the injured employee had any leg pain nor is there knee documentation of radicular findings on physical examination. Considering this, the request for an implantation of a spinal cord stimulators not medically necessary.