

<b>Case Number:</b>	CM14-0163512		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 New York. 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 patient is a 46 male. The patient has chronic neck and extremity pain. His date of injury September 30, 2010 when he is involved in an altercation at the prison he works. He injured his neck back left elbow and knee and shoulder. He's had some relief of pain medications. He takes narcotics. At issue is whether spinal cord stimulator trial is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial for 30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-107.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back pain chapter, ODG low back pain chapter

**Decision rationale:** This patient does not meet ODG established criteria for spinal cord stimulator trial for 30 days. The medical records do not document that the patient has had a psychiatric evaluation prior to the spinal cord stimulator trial. ODG guidelines indicate that spinal cord stimulator trial should only be performed after psychiatric evaluation. In addition the patient has chronic neck and upper extremity pain. Spinal cord stimulator trial is most

appropriate for low back and lumbar radicular symptoms. Spinal cord stimulator for cervical pathology remains investigational and not supported by literature. Since the patient has not had a psychiatric evaluation and since the medical records document primarily cervical pathology, guidelines for spinal cord stimulator not met.