

<b>Case Number:</b>	CM14-0169236		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Spinal Surgeon 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 has a date of injury of April 27, 2008. The patient's diagnosis includes chronic back pain; lumbar sacral sprain and degenerative disc condition; and right shoulder degenerative arthritis. On physical examination the patient has tenderness to palpation of the lumbar spine and reduced range of motion of the lumbar spine. Straight leg raising produces low back pain. There is also tenderness of the bilateral sciatic notches. The patient has had right shoulder surgery. Physical examination shows well-healed scars and tenderness to palpation the shoulder. Impingement test is positive. Neurologic examination shows decreased sensation in bilateral L5 and S1 dermatomes. Motor exam shows 4-5 weakness of the shoulder but normal motor strength in all 4 extremities otherwise. The patient has a normal gait. MRI lumbar spine from 2009 shows foraminal stenosis at multiple levels of lumbar spine with Board based annular disc bulges at L5-S1. EMG nerve conduction study from 2009 shows bilateral S1 radiculopathy. At issue is whether Ultram and spinal cord stimulator trial medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Ultram ER 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** MTUS guidelines do not recommend narcotics for long-term use in patients with chronic pain. In addition, the medical records do not document significant improvement with previous narcotic usage and there is no documentation of a functional restoration program. Therefore, this request is not medically necessary.

**Associated surgical service: one (1) spinal cord stimulator trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain Chapter

**Decision rationale:** This patient does not meet establish criteria for spinal cord stimulator trial. Specifically, the medical records do not document a prior psychological evaluation to see if the patient is appropriate candidate for spinal cord stimulation. Also, the medical records do not clearly documented a recently tried and failed adequate attempts at conservative measures to include physical therapy. Spinal cord stimulator trial is not medically necessary at this time and criteria for spinal cord stimulator trial not met.