

<b>Case Number:</b>	CM14-0185779		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/29/1997
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 low back pain reportedly associated with an industrial injury of December 29, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery in 2011; subsequent lumbar fusion hardware removal in 2012; long- and short-acting opioids; and epidural steroid injection therapy. In a Utilization Review Report dated October 29, 2014, the claims administrator failed to approve a request for a spinal cord stimulator stage 1 trial. The claims administrator stated that it had undergone a teleconference with the attending provider in which it was acknowledged that the applicant had failed to undergo a precursor psychological evaluation. The applicant's attorney nevertheless appealed. In an October 16, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was not a candidate for further spine surgery; it was stated, per a recent spine surgery consultation. The applicant was using Duragesic, oxycodone, Lyrica, Cymbalta, and Ambien. A spinal cord stimulator trial was endorsed while multiple medications were refilled. The applicant underwent cervical facet injections on August 1, 2014. The remainder of the file was surveyed. There was no evidence that the applicant had, in fact, undergone or completed a precursor psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spinal cord simulation stage 1 trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

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

**Decision rationale:** While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that failed back syndrome, i.e., the diagnosis present here, is an indication for spinal cord stimulator implantation, this recommendation is qualified by commentary made on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that psychological evaluations are recommended pre-spinal cord stimulator implantation trial. In this case, there was no evidence on file that the applicant had, in fact, completed a precursor psychological evaluation before the spinal cord stimulator trial was sought. Therefore, the request is not medically necessary.