

<b>Case Number:</b>	CM14-0027947		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/20/1986
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 61-year-old female with a date of injury of 12/20/1986. The patient's diagnoses include failed back surgery syndrome and low back pain radiating to the bilateral lower extremities. According to progress report 01/20/2014, the patient presents for medication management. The physical examination revealed decreased range of motion for the lumbar spine, and straight leg raise test was to 75 degrees. Patient's pain is in the low back with radiation to the lower extremities and described as stabbing, shooting pressure. The physician states the patient is status post laminectomy with failure to respond regarding pain. Her symptoms are persistent and she needs a high dose of medication. The physician has discussed different options with patient and has decided to continue with MS Contin and trial a spinal cord stimulator. The prescription from 01/29/2014 requested psychological evaluation and spinal cord stimulator trial. The utilization review denied the request for the spinal cord stimulator and approved the request for psychological evaluation on 02/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL CORD STIMULATOR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105-107.

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

**Decision rationale:** This patient presents with chronic low back pain with radiation to the lower extremity. The physician is requesting the patient trial a spinal cord stimulator. Under spinal cord stimulation, the MTUS guidelines, page 107, states "recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, complex regional pain syndrome, post-amputation pain, postherpetic neuralgia, spinal cord injury, dysesthesia, pain associated with multiple scoliosis, and peripheral vascular disease. In this case, the patient meets the criteria for trial stimulator. Utilization review from 02/07/2014 denied the request stating "psychological clearance has not been documented." The documentation does not provide evidence that psychological evaluation has been done. Without this clearance, spinal cord stimulation is not medically necessary.