

<b>Case Number:</b>	CM14-0045229		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/14/1999
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 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:

This is a 68-year-old female with a 4/14/99 date of injury. The mechanism of injury occurred when she stepped on a large piece of glass during an emergency drill and slid down the stairs. She tore the skin on both arms, both hands and both legs and noted back pain. According to a 3/20/14 progress note, the patient stated that overall she has had some increase in weakness due to decreased oxygenation as a result of sleep apnea. She complained of severe numbness and tingling to the left foot and severe pain. She stated that the upper extremities continued to have problems with difficulty holding onto objects, weakness, numbness, and tingling. Objective findings include palpable pain over the mediolateral joint line of the left knee and crepitus with movement with flexion and extension of the knee, decreased sensation of the knee, mediolateral joint line tenderness over the ankle, pain on palpation over the anterior talofibular ligament and internal and external rotation, positive Tinel's of the bilateral wrist, flexion and extension of the wrist are abnormal. Diagnostic impression is carpal tunnel syndrome, cervical radiculopathy, foot pain. Treatment to date includes medication management, activity modification, and surgery. A UR decision dated 4/2/14 denied the request for spinal cord stimulator trial was denied. There is documentation noting a psychological evaluation has been completed and the claimant is not a surgical candidate. However, there is no documentation noting a recent non-operative treatment protocol trial/failure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator Trial performed under anesthesia: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines criteria for SCS trial placement include at least one previous back operation and patient is not a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and that there are no contraindications to a trial. In addition, neurostimulation is generally considered to be ineffective in nociceptive pain. A 12/10/13 psychological evaluation concluded that the patient is an appropriate candidate for a spinal cord stimulator. In addition, she has a diagnosis of cervical radiculopathy. In addition, there is documentation that the patient's pain has not responded to conservative treatment. However, the specific treatments were not identified. It is unknown whether or not the patient has had physical therapy and/or injections, and there is no documentation that the patient's medications have been ineffective. Therefore, the request is incomplete, so the request for Spinal Cord Stimulator Trial performed under anesthesia is not medically necessary.