

<b>Case Number:</b>	CM14-0047082		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/02/2001
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 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 February 2, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 25, 2014, the claims administrator denied a request for spinal cord stimulator trial, stating that the applicant had not completed a precursor psychological evaluation. It was acknowledged that the applicant had issues with post laminectomy failed back pain and complex regional pain syndrome over the right lower extremity. The applicant's attorney subsequently appealed; however, neither the applicant's attorney nor the claims administrator attached any clinical progress notes to the IMR application.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous spinal cord stimulation trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Stimulator Implantation; Psychological Evaluations, IDDS & SCS Page(s): 107; 101.

**Decision rationale:** While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines, does acknowledge that indicators for spinal cord stimulator implantation include failed back syndrome and complex regional pain syndrome both of which are seemingly present here, this recommendation is qualified by commentary on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that a psychological evaluation is recommended pre-spinal cord stimulator trial. In this case, no clinical progress notes were attached to the request for authorization. It was clearly stated whether or not the applicant had or had not completed a precursor psychological evaluation. The information which is on file, thus, does not support or substantiate the request. No clinical progress note were attached or incorporated into the IMR packet, by either the attending provider or the claims administrator. Therefore, the request is not medically necessary.