MAXIMUS Federal Services

| Case Number: | CM14-0089324 | | |
|---|---|---|---|
| Date Assigned: | 07/23/2014 | Date of Injury: | 09/10/2001 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 05/16/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

## 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 47 year old male was reportedly injured on September 10, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 24, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated painful lumbar spine range of motion as well as back pain with a straight leg raise test Diagnostic imaging studies were not reviewed during this visit. The injured employee stated that she was not interested in pursuing treatment with a spinal cord stimulator at this time. Previous treatment included an L4-L5 disc replacement and an L5-S1 fusion. A request had been made for a spinal cord stimulator trial and a consultation with a pain management physician and was not certified in the pre-authorization process on May 20, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator Trial:** 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): CRPS, Spinal Cord Stimulators, page 38 of 127 Page(s): 38 OF 127.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, the use of a spinal cord stimulator is indicated for failed back surgery syndrome. However, the progress note, dated April 24, 2014, stated that the injured employee is not interested in pursuing treatment of the spinal cord stimulator at this time. Therefore, this request for a spinal cord stimulator trial is not medically necessary.

**Consultation with pain management physician for the trial:**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition (2004),â¿¯ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The progress note dated April 24, 2014, states that the injured employee is not interested in pursuing treatment of the spinal cord stimulator at this time. Therefore, this request for a consultation with a pain management physician for a spinal cord stimulator trial is not medically necessary and appropriate.