

<b>Case Number:</b>	CM14-0092008		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/06/2002
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 65-year-old gentleman was reportedly injured on February 2, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 17, 2014, indicates that there are ongoing complaints of low back pain radiating to the right greater than left lower extremity. The physical examination demonstrated slightly decreased range of motion of the lumbar spine and absent Achilles reflex on the right side. Diagnostic imaging studies of the lumbar spine revealed moderate to severe disk desiccation at L4 - L5 with a grade 1 anterolisthesis and a disc bulge with potential nerve root impingement. There was also moderate disc desiccation and a disc bulge at L3 - L4 with moderate facet arthrosis. Previous treatment includes physical therapy, chiropractic care, and acupuncture. So A request had been made for a spinal cord stimulator trial and was not certified in the pre-authorization process on June 13, 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 Spinal Cord Stimulator.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 101 of 127.

**Decision rationale:** The previous utilization review states that the spinal cord stimulator is not indicated for the injured employees condition. The California Chronic Pain Medical Treatment Guidelines does indicate that a spinal cord stimulator trial is indicated for individuals with spinal cord injury dysesthesias. However prior to a trial there should be a psychological evaluation performed. As there is no documentation of this psychological evaluation, this request for a spinal cord stimulator trial is not medically necessary.