

<b>Case Number:</b>	CM14-0099206		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Pain 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:

The records, presented for review, indicate that this 58-year-old gentleman was reportedly injured on August 30, 2010. The most recent progress note, dated June 10, 2014, indicated that there were ongoing complaints of low back pain radiating down the left lower extremity. The physical examination revealed the patient with an antalgic gait and favoring the left lower extremity. There was a positive Lasegue's sign on the left worse than the right. There was also a decreased left sided patellar reflex. Diagnostic imaging studies of the lumbar spine revealed multilevel degenerative disc disease with a retrolisthesis of L2 on L3, disc bulges at L3-L4 and L5-S1 and a disc protrusion compromising the exiting nerve roots and L4-L5. Previous treatment included acupuncture, lumbar spine epidural steroid injections, and oral medications. A request had been made for a spinal cord stimulator trial, internal medicine consultation and clearance, and a psychiatric consultation and clearance and was not certified in the pre-authorization process on June 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal Medicine Consultation and clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004):â ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127

**Decision rationale:** As the accompanying request for a spinal cord stimulator trial has been determined not to be medically necessary, so is this request for internal medicine consultation and clearance.

**Psyche Consultation and Clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

**Decision rationale:** As the accompanying request for a spinal cord stimulator trial has been determined not to be medically necessary, so is this request for psychological consultation and clearance.

**Spinal Cord Stimulator trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Spinal Cord Stimulators Page(s): 38.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the indications for a spinal cord stimulator trial includes a diagnosis of failed back surgery syndrome. The injured employee is not stated to have had prior lumbar spine surgery nor is it stated that he is not a future surgical candidate. Considering this, this request for a spinal cord stimulator trial is not medically necessary.