

<b>Case Number:</b>	CM14-0012134		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/11/1999
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 December 19, 2013. In a Utilization Review Report dated December 27, 2013, the claims administrator failed to approve a request for a spinal cord stimulator trial. The claims administrator referenced a November 19, 2013 progress note in its determination. The claims administrator suggested that the applicant was currently using Norco for pain relief. The claims administrator stated that the applicant did not carry a diagnosis of failed back syndrome so as to compel provision of the spinal cord stimulator trial. The applicant's attorney subsequently appealed. In a psychological evaluation of December 30, 2013, the applicant's psychologist noted that the applicant had issues with depression and anxiety with history of substance abuse. The applicant's psychologist nevertheless stated that the applicant was presently psychologically stable and could undergo the procedure at issue. The applicant's psychologist stated that the applicant had retired and was no longer working as a [REDACTED]. In a pain management note dated November 19, 2013, the applicant reported persistent complaints of mid and low back pain status post thoracic radiofrequency ablation procedure. The applicant was reportedly interested in a spinal cord stimulator. The applicant was status post an anterior cervical discectomy and fusion surgery, but denied any present cervical radicular complaints. The attending provider stated that the applicant's primary pain generator was the mid back and/or associated thoracic neuritis. A spinal cord stimulator trial was endorsed.

## **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 Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Stimulator Implantation topic Page(s): 107.

**Decision rationale:** While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that indications for stimulator implantation include failed back syndrome, complex regional pain syndrome, post-amputation limb pain, postherpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and/or pain associated with peripheral vascular disease, in this case, however, the applicant does not appear to carry a qualifying diagnosis. The applicant seemingly carries a diagnosis of nonspecific thoracic spine pain secondary to spondylosis. The applicant has not had any surgery in the thoracic spine region, the primary pain generator here. The applicant likewise does not carry diagnoses of complex regional pain syndrome, post-amputation pain, postherpetic neuralgia, spinal cord injury dysesthesias, multiple sclerosis, peripheral vascular disease, etc. Therefore, the request was not medically necessary.