

<b>Case Number:</b>	CM14-0187777		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	08/24/2005
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 injured worker is a 51 year old female with a date of work injury 8/24/05. Her diagnoses include chronic pain state, myofascial pain, chronic neck and mid thoracic pain, syrinx in the thoracic spine. The injured worker currently complains of severe neck pain and primarily left upper extremity pain, numbness and intermittent weakness primarily in the arms primarily in the C5 myotome. The injured worker also complained of worsening thoracic pain. The physical examination revealed 5/10 VAS pain. The neck revealed well healed right anterior cervical scar. Cervical spine flexion/extension is limited due to pain complaint. There were multiple trigger points in the trapezius muscles bilaterally. The thoracic paraspinal muscles had multiple trigger points, especially at T6, T7, and T8 levels. The provider is recommending neurostimulator history of suicidal ideation while she was on Lyrica. In 04/2008 the injured worker underwent C5-6 artificial disc placement. A 10/21/14 document states that the injured worker has been treated for "chronic neck pain and mid-thoracic pain." The injured worker has experienced this pain since her injury in 2005. Injured worker's pain level is between a 6 & 10 at all times. The injured worker's condition affects her quality of life and her ability to participate in normal extra-curricular activities. This injured worker has been treated in various ways. She has had an artificial disk placement. She has had various physicians treat her with meds, physical therapy. The providing physician is recommending a neurostimulator for this injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurostimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines NMES Devices.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, IDDS & SCS (Intrathecal Drug Delivery Systems & Spinal Cord Stimulato.

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, a Neurostimulator is not medically necessary. The guidelines state that a neurostimulator is "recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial." Additionally a psychological evaluation is recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. The documentation does not indicate that the injured worker has had a psychological evaluation or a neurostimulator trial; therefore, the request for a neurostimulator is not medically necessary.