

<b>Case Number:</b>	CM14-0215647		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	09/20/1995
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is a 51-year-old female who reported an injury on 08/25/1998. The mechanism of injury was not specifically stated. The current diagnoses include post lumbar surgery syndrome, neuropathic pain, low back pain, lower extremity radiculopathy, and left lower extremity DVT. The injured worker presented on 11/25/2014 with complaints of persistent lower back pain. The injured worker reported an improvement in symptoms with the current medication regimen. The current medication regimen includes cyclobenzaprine, Cymbalta, Dexilant, Diazide, Flexeril, ibuprofen, Topamax, Lidoderm patch, and Tylenol Extra Strength. Upon examination, there was reduced lumbar range of motion by 70%, negative piriformis testing, negative faber testing, left lower extremity edema, and intact sensation. Recommendations included a spinal cord stimulator trial. It was noted that the injured worker had psychological clearance in place. Authorization for a thoracic MRI was requested for percutaneous lead placement. A Request for Authorization form was then submitted on 12/04/2014.

### 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): 105-07.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105-107.

**Decision rationale:** California MTUS Guidelines recommend a spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. In this case, there was no mention of an exhaustion or recent conservative treatment. There was no documentation of a comprehensive psychological evaluation providing clearance for the procedure. Given the above, the request is not medically appropriate at this time.

**Thoracic spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Renal function test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Electrolytes:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.