

<b>Case Number:</b>	CM14-0118943		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/10/2007
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 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 patient is a 40 year old female who was injured on 07/10/2007 while performing her regular job duties. She felt a popping sensation in her lower back. Prior medication history included Kadian ER, Gabapentin, Baclofen, Dilaudid, lisinopril, oxycontin, Pepcid, Percocet, and simvastatin. The patient underwent microdiscectomy surgery at the L4-L5 level on 01/03/2008. She has received LESI in the past which provided her with mild pain relief; TENS, and physical therapy. Progress report dated 06/27/2014 indicates the patient presented with complaints of bilateral shoulder pain, low back pain radiating down to her left lower extremity. She also complained of headaches. She reported her pain as 6/10 at its best and 8/10 at its worst. The pain in her back is 40% and her left is 60% of the pain she felt. She avoided social events, physical exercises, and household chores secondary to her pain. On exam, the lumbar spine revealed range of motion is limited with flexion to 25 degrees and extension to 0 degrees. There is tenderness to palpation on the left side. Lumbar facet loading is positive bilaterally. Straight leg raise is positive on the left side, sitting at 60 degrees. The patient is diagnosed with lumbar radiculopathy, lumbar spine degenerative disk disease, low back pain, and dizziness and giddiness. The patient was recommended for a neuropsychologist evaluation for spinal cord stimulator device implantation as all other conservative measures have failed to possibly receive an implant to spinal cord stimulator. Prior utilization review dated 07/09/2014 states the request for Neuropsychologist evaluation/clearance prior to Spinal Cord Stimulator device implantation is denied as medical necessity has not been established; Referral psychologist for one time consult for spinal cord stimulator evaluation for appropriate implantable tech is modified to certify psychological evaluation for SCS trial or intra-theal pump evaluation; Future follow up visits is modified to certify one follow-up visit; Spinal cord stimulator trial is denied as medical necessity has not been established.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropsychologist evaluation/clearance prior to Spinal Cord Stimulator device implantation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Since the determination for SCS is non-certified, the medical necessity for Neuropsychologist evaluation/clearance prior to Spinal Cord Stimulator device implantation, is considered not medically necessary.

**Referral psychologist for one time consult for spinal cord stimulator evaluation for appropriate implantable tech:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Since the determination for SCS is non-certified, the medical necessity for psychologist consult is not medically necessary.

**Future follow up visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines SCS Page(s): 105.

**Decision rationale:** Since the determination for SCS is non-certified, the medical necessity of the future follow up visits is not medically necessary.

**Spinal cord stimulator trial:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATOR Page(s): 105.

**Decision rationale:** According to the CA MTUS guidelines, Spinal cord stimulators (SCS) is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Indications include: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation). It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. - Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD) - Post amputation pain (phantom limb pain) - Post herpetic neuralgia - Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) - Pain associated with multiple sclerosis - Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation). The data is also very strong for angina. In this case, there is no evidence of any of the above diagnoses. Therefore, the request is considered not medically necessary according to the guidelines.