

<b>Case Number:</b>	CM14-0218354		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	06/29/2006
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 48 year-old female who was injured on June 29, 2006, while performing regular work duties. The records indicate the mechanism of injury is due to the injured worker picking up a box weighing approximately 45-50 pounds, and resulting in lower back pain. On January 22, 2014, Straight leg testing and Patrick's test were positive. A computed tomography scan of the lumbar spine completed on June 10, 2014, reveals signs of a low back surgery, bilateral degenerative facet hypertrophy, and degenerative disease. On July 7, 2014, the injured worker had continued complaint of frequent headaches, low back pain, and bilateral knee pain. The injured worker reports an increase in low back pain and memory loss secondary to the pain. A urine drug test dated August 27, 2014, was provided for this review. The injured worker has received treatment including medications, epidural steroid injections, physical therapy, lumbar back surgery, radiological imaging, electromyography and nerve conduction studies, neurology specialist and pain management specialist consultations and treatment, and a home exercise program. The request for authorization is for implant neuro-electrodes. The primary diagnosis is displacement of lumbar intervertebral disc without myelopathy. On December 18, 2014, Utilization review non-certified the request for implant neuro-electrodes, based on MTUS, Chronic pain guidelines.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, Spinal Cord Stimulators Page(s): 101, 105, 106.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. It further Indicates that for stimulator implantation a patient should have the diagnosis of failed back syndrome with persistent pain in patients who have undergone at least one back surgery or patients who have the diagnosis of Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD). Additionally, it recommends a psychological evaluation for a spinal cord stimulator (SCS) trial. The clinical documentation submitted for review indicated the injured worker had a failed fusion at L4-5 and had failed conservative care including physical therapy and an epidural steroid injection. However, there was no documentation indicating that the injured worker had undergone a psychological evaluation. Given the above and the lack of documentation of a psychological evaluation, the request for spinal cord stimulator trial is not medically necessary.