

<b>Case Number:</b>	CM15-0118976		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, New York, 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] beneficiary who has filed a claim for chronic neck and low back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of July 1, 2009. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for a spinal cord stimulator trial. The claims administrator referenced a May 18, 2015 progress note in its determination. Overall rationale was sparse, although the claims administrator alluded to the applicant's having had issues with alcohol and marijuana abuse in the past. It appeared, thus, that portions of the UR report were not attached to the application. On May 18, 2015, the applicant reported ongoing complaints of neck pain status post multilevel cervical spine surgery. Issues with cervicogenic headaches were reported. The applicant was on Duragesic, Percocet, Prilosec, Ultracet, Cymbalta, and Neurontin, it was reported. The applicant had derivative complaints of anxiety and depression, it was suggested. The applicant was placed off of work, on total temporary disability. A spinal cord stimulator trial was suggested. It was stated that the applicant was not interested in further surgical intervention insofar as the cervical spine was concerned. It was stated that the applicant had received a successful psychological clearance for the evaluation. Trigger point injections were performed in the clinic, while multiple medications were renewed. The applicant had previously undergone psychological testing on April 25, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Spinal Cord Stimulator Trial: Overturned**

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

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

**Decision rationale:** Yes, the proposed spinal cord stimulator trial was medically necessary, medically appropriate, and indicated here. As noted on page 107 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the indicators for stimulator implantation includes evidence of failed back syndrome or persistent pain in applicants who have undergone at least one previous spine surgery. While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that spinal cord stimulator implantation should be employed with more caution in the cervical region than in the thoracic or lumbar, here, however, it appeared that the applicant had exhausted other appropriate treatment options, including time, medications, earlier cervical spine surgery, physical therapy, opioid therapy, adjuvant medications such as Neurontin, Cymbalta, etc. The applicant was apparently unwilling to consider further spine surgery, it was reported on May 18, 2015. The applicant had had a precursor psychological evaluation which did not identify any psychological contraindications for pursuit of a spinal cord stimulator trial, it was reported on May 18, 2015. Moving forward with the trial, thus, was indicated, given the seeming failure of multiple primary, secondary, and tertiary treatment options. Therefore, the request was medically necessary.