

<b>Case Number:</b>	CM15-0119778		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California, Massachusetts  
 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 injured worker is a 54 year old female with an industrial injury dated 08/12/2013. The injured worker's diagnoses include lumbosacral spine strain and thoracic spine strain, resolved. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbar spine, prescribed medications, physical therapy, epidural steroid injection (ESI) and periodic follow up visits. In a progress note dated 04/29/2015, the injured worker presented for follow-up of lumbosacral spine strain. The injured worker reported unchanged back pain. The injured worker rated her back pain an 8/10. Objective findings revealed decrease lumbar range of motion with pain, positive bilateral straight leg raises, and positive bilateral sciatic notch tenderness. The treating physician prescribed services for spinal cord stimulator, trial now under review.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for stimulator implantation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Spinal Cord Stimulator.

**Decision rationale:** MTUS is silent on spinal cord stimulator implantation, however ODG states that the indications for implantation include, among other things, evaluation by a psychologist indicating realistic expectations and clearance for procedure. From my review of the provided medical records, there is no indication of psychological evaluation having been done and clearing the patient for spinal cord stimulator trial. Consequently, considering lack of psychological evaluation the SCS trial is not medically necessary or supported at this time.