

<b>Case Number:</b>	CM15-0177390		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	04/17/2002
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 47 year old male who sustained an industrial injury on 04-17-2002. Diagnoses include chronic pain syndrome, post laminectomy syndrome and degenerative disc disease. He has a history of fibromyalgia, depression, dizziness and hypertension. A physician progress note dated 07-28-2015 documents the injured worker complains of low back pain rated 8 out of 10 on the Visual Analog Scale. He had a 70% relief of pain for 5 days from the last trigger point injections. His medications are helpful. There is lumbar tenderness over the facets, and he has paravertebral spasms and positive straight leg raise. He has an antalgic gait and he has painful and limited range of motion. A progress note dated 07-02-2015 was present but difficult to decipher. On 05-26-2015 he has complaints of increasing pain, he rates his pain at an 8 out of 10. He was started on Celebrex and the Arthrotec was discontinued. He was administered trigger point injections. In a progress noted dated 04-14-2015 his pain was unchanged. A Toradol injection was administered. On 03-03-2015 the injured worker complains of increased lower back pain. States pool therapy helped. He also complains of numbness in his left hand. Lunesta continues to help him sleep. His pain is rated 8 out of 10. Trigger point injections were administered. Treatment to date has included diagnostic studies, medications, trigger point injections, status post anterior and posterior lumbar fusion, status spinal cord implantation, lumbar revision surgery and removal of instrumentation and re-fusion on 05-15-2012, a home exercise program, acupuncture, chiropractic sessions, epidural injections, massage therapy, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation unit, and a trial of a spinal cord stimulator. He is not working. Current medications include Seroquel, Lunesta,

Skelaxin, Celebrex, Cymbalta, Voltaren, Clonidine Hcl, and Imodium AD. A cervical x ay done on 07-02-2015 showed no instability on flexion and extension views. Intervertebral disk spaces are preserved throughout and facets are normally articulating. On 08-06-2015 the Utilization Review non-certified the request for a consultation for Spinal Cord Stimulator eval Qty 1, and a Psych referral for Spinal Cord Stimulator eval Qty 1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Psych referral for Spinal Cord Stimulator eval Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS), Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

**Decision rationale:** In this case, the claimant had a prior trial of a spinal cord stimulator. Response to intervention or length of benefit was not provided. Prior trial without psychological evaluation is unknown. The consultation as noted below for the SCS implant is not necessary since prior use response was not elaborated. As a result, the request for Psych referral is not justified and not medically necessary.

#### **Consultation for Spinal Cord Stimulator eval Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

**Decision rationale:** In this case, the claimant has undergone spins surgery and numerous conservative modalities including medications and therapy. The claimant has chronic back pain or a failed back like syndrome. The claimant has had a trial of s spinal cord stimulator in the past. Response to intervention or length of benefit was not provided. As a result, the request for additional consultation is not justified and not medically necessary.