

<b>Case Number:</b>	CM15-0077605		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	08/26/2009
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 low back pain (LBP) reportedly associated with an industrial injury of August 26, 2009. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve a request for a pain management for spinal cord stimulator as an outpatient. The claims administrator referenced a February 16, 2015 office visit in its determination. The claims administrator stated it was not clear whether the request was a request for a consultation alone or whether the request in question represented a request for a spinal cord stimulator implant. The applicant's attorney subsequently appealed. On February 16, 2015, the applicant reported ongoing complaints of low back pain status post earlier lumbar spine surgery. Norco was renewed. The applicant was asked to pursue a spinal cord stimulator trial. Ongoing complaints of low back pain radiating into left leg were reported. The applicant was using Norco at a rate of 2-3 tablets daily, it was reported. The applicant was reportedly working despite ongoing pain complaints, the treating provider reported. The remainder of the file was surveyed. There was no explicit mention of the applicants having received a precursor psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management for spinal cord stimulator:** Upheld

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

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

**Decision rationale:** The request for a pain management for spinal cord stimulator was not medically necessary, medically appropriate, or indicated here. The request in question was seemingly framed as a request for a spinal cord stimulator trial, per the attending providers February 16, 2015 office visit. While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that indications for spinal cord stimulator implantation include the presence of failed back surgery syndrome, as was seemingly present here, this recommendation is, however, qualified by commentary made on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that a precursor psychological evaluation is recommended prior to receipt of a spinal cord stimulator trial. Here, however, there was no evidence to support the proposition that the applicant had in fact undergone the prerequisite precursor evaluation. Therefore, the request was not medically necessary.