

Case Number:	CM13-0009235		
Date Assigned:	03/07/2014	Date of Injury:	09/23/2002
Decision Date:	08/21/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/08/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year-old female with a 9/23/02 date of injury. She is status post four lumbar spine surgeries, which took place in 1999, 2005, 2007, and 2010. She underwent a Spinal Cord Stimulator (SCS) trial on 9/22/12 resulting in a 75% reduction in right leg pain, but the stimulator did not help her mid to upper lumbar pain. The patient was diagnosed with failed back syndrome and as of February 2013 developed neck pain radiating to the extremities. It was noted that she had a superficial mass in the low back and was pending a surgical consult for removal, however, per the patient prior consults resulted in the decision to not excise the mass as it was too close to the spinal cord. The patient was seen on 6/21/13 complaining of neck and low back pain 7/10, with radiation to the left hand and right leg. Exam findings revealed a positive Straight Leg Raise on the right, 4/5 strength of the right lower extremity, and limited lumbar range of motion. Treatment to date has included lumbar surgery, epidurals, medications, physical therapy, and SCS trial. An adverse determination was received on 8/7/13 for the Spinal Cord Stimulator given a prior trial was not able to control the patient's axial symptoms and the patient has a spinal mass which needs to be addressed prior to an SCS implant. A Cervical MRI was denied given there was no documentation of objective neurological deficits and no plain X-Ray films of the C spine were documented. Zanaflex was denied given the patient has been on it long term and records failed to demonstrate evidence of functional improvement with the use of this drug.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator (SCS) placement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 101, 105-107.

Decision rationale: MTUS criteria for permanent SCS placement include at least one previous back operation and patient is not a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. The patient had an SCS trial in 2012 which resulted in a >75% improvement in her radicular pain, but not her axial pain. A spine surgical consult was approved as there is a mass in the low back which needs to be addressed prior to an SCS implant, and there is no such documentation of this consult or if there is a surgical plan. A permanent SCS implant cannot be addressed until the mass is addressed. Therefore, the request for an SCS implant was not medically necessary.

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, MRI.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. There is no documentation of any plain X-Ray films or objective evidence of focal neurological deficits correlating to the cervical spine documented. It is also noted that the cervical spine is not an accepted body part in a prior review. Therefore, the request for a cervical MRI is not medically necessary.

Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has failed back syndrome and has been on this medication long term with no evidence of any significant pain reduction on Visual Analog Scale (VAS) or functional gains. In addition, the duration of use of this medication in this case has exceeded MTUS guidelines. Therefore, the request for Zanaflex is not medically necessary.