MAXIMUS Federal Services

Case Number:	CM13-0016592		
Date Assigned:	12/13/2013	Date of Injury:	08/30/2006
Decision Date:	01/31/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management 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 physician 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:

The patient is a 57-year-old female who reported an injury on 08/30/2006 after a slip and fall while performing normal job duties. The patient underwent lumbar spine surgery that failed to resolve the patient's pain complaints. The patient underwent hardware removal as hardware was indenting on the thecal sac. The patient underwent psychological evaluation for spinal cord stimulator and it was determined that the patient was an adequate candidate for this treatment modality. After a trial of a spinal cord stimulator, the patient received 50% pain relief. The patient underwent spinal cord stimulator placement in 11/2012. The most recent clinical evaluation reveals that the patient continued to complain of pain at the site of the insertion of the spinal cord stimulator. The patient underwent anesthetic injection that provided 2 weeks of relief. The patient's most recent clinical exam findings included tenderness over the L5-S1 facet joint, reduced range of motion secondary to pain, reduced reflexes and motor strength in the bilateral lower extremities, and disturbed sensation in the right lower extremity. The patient's diagnoses included degenerative disc disease of the lumbar spine and failed back syndrome. The patient's treatment plan included revision of the spinal cord stimulator, continuation of medications, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-RAY OF IPG SITE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305,Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-107.

Decision rationale: REQUEST FOR 1 X-RAY OF IPG SITE is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the patient has persistent pain at the insertion site of the spinal cord stimulator. Conservative treatments to include anesthetic injections have failed to resolve the patient's symptoms. American College of Occupational and Environmental Medicine states that surgical considerations should be made when there is "clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both short and long term from surgical repair." The clinical documentation does provide physical evidence that would benefit from an imaging study to evaluate the patient's surgical planning. As such, the requested PROSPECTIVE REQUEST FOR 1 X-RAY OF IPG SITE is medically necessary and appropriate.