

Case Number:	CM13-0023652		
Date Assigned:	01/24/2014	Date of Injury:	03/29/2001
Decision Date:	04/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 70 year-old male who was injured on 3/29/2001. He has been diagnosed with post laminectomy syndrome with right leg pain, s/p L3 laminectomy/revision, L4/5 fusion in 8/2006, low back pain and right foot drop, neck and arm pain, myofascial pain, s/p C3,4,5 ACDF in 9/2011, shoulder pain and symptoms for right ulnar neuropathy, poor sleep hygiene, Diabetes, CAD, history of MI, depression/anxiety, opioid dependency, benzodiazepin dependency, abdominal wall hernia, restless leg syndrome, left knee pain, and left SI joint pain. According to the 8/13/13 pain management/anesthesiology report from [REDACTED], the patient presents with low back, right hip and right>left leg pain, neck pain with L>R arm pain, and shoulder pain R>L. He uses an electric wheelchair as needed because gait is unstable. He has weakness in the leg and upper extremity radicular symptoms. He is accompanied by his wife, and continues with neck and arm pain and dysphagia, and increasing lower back pain. [REDACTED] recommended continuing medications, and a lumbar myelogram and discogram; continue psychiatric care; referral back to [REDACTED] for shoulder repair; referral to another spine surgeon; home health care; follow-up with [REDACTED] for LESI option, follow-up with ENT; consider SCS trial; xrays for cervical spine. On 9/6/13, [REDACTED] recommended continued medication management and denied all other requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MYELOGRAM AND DISCOGRAM AT L123 BEFORE SURGICAL TREATMENT VS FURTHER INTERVENTIONAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The patient reports with neck and back pain with symptoms in upper and lower extremities. I have been asked to review for a lumbar myelogram and discogram. MTUS/ACOEM guidelines states the criteria for a discogram is that the patient is a candidate for surgery, and "satisfactory results from detailed psychosocial assessment. (Discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.)" The available psychiatric reports from [REDACTED], states the patient is at MMI and 100% disabled on a psychiatric basis. He does not have psychiatric clearance for discography or any lumbar surgical procedure. The request is not in accordance with MTUS/ACOEM guidelines.

CONT. PSYCH CARE (NO QUANTITY PROVIDED NO DESCRIPTION OF PSYCH CARE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavior Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Behavioral interventions Page(s): 23.

Decision rationale: This is an incomplete prescription for psychiatric therapy. The duration and frequency were not listed. The available psychiatric reports do not document any functional improvement with the psychiatric care provided. Without the duration and frequency, the request cannot be compared to the recommended duration and frequency provided in MTUS. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines.

REFERRAL BACK TO ORTHO (FOR THE SHOULDER): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: The 7/16/13 and 8/13/13 reports from [REDACTED], in the treatment recommendation section, recommend referral to an orthopedist for the shoulder; but there is no rationale provided for the referral, and no physical exam of the shoulders. The MRI from 2012

shows chronic tear of the SST, and labral tears and AC arthritis. A consultation with a shoulder surgeon may help move the case forward.

REFERRAL TO ORTHO (SPINE SURGEON): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 307.

Decision rationale: The patient reports with neck and back pain with symptoms in upper and lower extremities. The 4/18/12 lumbar MRI is reported to show prior fusion at L4-5, and shows anterolisthesis of L3 on L4. This may be an indication for fusion, or the patient may not be a candidate for interventional procedures on a psychiatric basis. A consultation with the spinal surgeon may help clarify this and move the case forward.

HOME HEALTHCARE (NO QUANTITY PROVIDED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Home Health Services Page(s): 51.

Decision rationale: The Expert Reviewer's decision rationale: The patient has neck, back, upper and lower extremity symptoms and dysphagia. His wife has helped, but she is apparently working and time to assist the patient during the time she is at work. Unfortunately, I have been provided an incomplete request for home health care. The duration and frequency or total number of hours per week have not been provided. MTUS guidelines state that this should be no more than 35 hours per week, but with the incomplete request, I am not able to confirm whether the frequency or duration are in accordance with MTUS recommendations.

FOLLOW UP WITH [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Epidural steroid injections ESIs Page(s): 46.

Decision rationale: The patient has neck, back, upper and lower extremity symptoms and dysphagia. [REDACTED] apparently provided ESIs in the past, with unknown benefit. The patient apparently wanted the ESI to be done with [REDACTED], and [REDACTED] was the orthopedist who referred the patient to [REDACTED] for the ESI. Based on the 8/13/13 report from [REDACTED], it appears that the request/referral back to [REDACTED] was for a ESI. There examination by [REDACTED] does not identify a specific dermatomal distribution pattern. There is also no reporting available on the prior ESI, or records showing at least 50% pain relief with reduction of

medications for 6-8 weeks. The patient does not meet the MTUS criteria for a lumbar ESI, and therefore a referral back to the orthopedist for the ESI is not necessary.

FOLLOW UP WITH ENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The patient complains of dysphagia to the point where his wife has to crush his medications in order for him to swallow them. ACOEM guidelines state a referral can be made when "the plan or course of care may benefit from additional expertise." The ENT may be able to offer some advise on the patient's dysphagia. The request appears to be in accordance with ACOEM guidelines.

X-RAY OF C-SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient has neck, back, upper and lower extremity symptoms and dysphagia. I have been asked to review for necessity of a cervical x-ray. The 7/16/13 and 8/13/13 reports from [REDACTED] state the patient has decreased cervical motion. There is no mention of trauma or progressive neck symptoms or rationale provided for the x-rays. The 8/20/13 orthopedic report from [REDACTED] does not discuss cervical x-rays. There does not appear to be a rationale provided by [REDACTED] for the cervical x-rays. Without a rationale, I am unable to determine whether the x-rays are in accordance with ACOEM guidelines, or other standards of care.

SPINAL CORD STIMULATOR (SCS) TRIAL FOR UPPER AND LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 101-105, 108.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Spinal Cord Stimulators (SCS) Page(s): 105-107.

Decision rationale: The patient presents with neck, back upper and lower extremity pain. I have been asked to review for necessity of an SCS trial and at the same time, I have also reviewed for a surgical consult. MTUS guidelines state the SCS is: Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence

in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain." If the patient is found to be a lumbar surgical candidate, then the request for the SCS is premature. I also note that the records show the patient has significant psychiatric conditions, and does not have psych clearance for an SCS. Based on the information available, it does not appear that all less invasive procedures have failed, and the patient's comorbid psychiatric conditions have not been addressed or given consideration prior to the SCS request. The SCS appears premature at this time and does not meet MTUS criteria.