

Case Number:	CM13-0050166		
Date Assigned:	12/27/2013	Date of Injury:	05/17/1999
Decision Date:	02/27/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/11/2013

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 Orthopedic Surgery, and is licensed to practice in Georgia. 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 47-year-old who injured her low back in a work related accident on 05/17/99. A recent 10/09/13 orthopedic assessment by [REDACTED] documented continued low back complaints described as burning and sharp in nature with radiating bilateral leg pain, right greater than left. The interval history reviewed documented that the claimant was status post a prior lumbar surgical processes including fusion with subsequent hardware removal. In 2004, she underwent a spinal cord stimulator implementation. Physical examination showed a wide based gait with difficulty to perform heel and toe walking, full motor strength with tenderness to palpation over the lumbar paraspinal musculature and moderate tenderness over the L4 through S1 facet joints. Sensation was diminished in the right L4 through S1 and left L4 and L5 dermatomal distribution. The claimant's working diagnosis was status post hardware removal, facet syndrome, and chronic pain. The recommendations at that time was for replacement of the permanent spinal cord stimulator battery as well as bilateral L4 through S1 medial branch blocks with possible need for facet rhizotomy pending benefit. Review of the clinical records failed to document battery malfunction

IMR ISSUES, DECISIONS AND RATIONALES

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

One replacement of the permanent spinal cord stimulator battery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, the request for battery replacement cannot be recommended. The medical records for review do not indicate battery failure or a specific indication for the need for battery replacement. The lack of documentation of malfunction or issue with the claimant's spinal cord stimulator would fail to necessitate the process in question. The request for one replacement of the permanent spinal cord stimulator battery is not medically necessary or appropriate.

bilateral L4-S1 medial branch block with opportunity for possible lumbar facet rhizotomy:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Chapter, Facet Joint Diagnostic Blocks (injections) Section.

Decision rationale: Based on Official Disability Guidelines criteria, as California ACOEM Guidelines are silent, L4 through S1 medial branch blocks would not be indicated. Direct contraindication for use of medial branch blocks is a prior fusion procedure. Also, a direct contraindication per Official Disability Guidelines criteria would be in the setting of radiculopathy. This claimant is noted to have had a prior lumbar fusion as well as evidence of current radicular findings in the form of sensory deficits on examination. These findings would directly contraindicate the role of any degree of facet joint injection procedure. The request for one bilateral L4-S1 medial branch block with opportunity for possible lumbar facet rhizotomy is not medically necessary or appropriate.