MAXIMUS Federal Services

Case Number:	CM13-0057831		
Date Assigned:	12/30/2013	Date of Injury:	02/21/2009
Decision Date:	03/24/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 58 year old male who was injured on 02/21/2009. The patient was on a scaffold which fell over and he landed on his right shoulder and back. The patient now has complaints of chronic pain in the low back and shoulder and has iatrogenic pain medication dependency, taking at least 8 mg of Dilaudid per day and four 10 mg Norco. Prior treatment history has included water exercises, physical therapy, exercise, and three epidural steroid injections pre surgery as well as one post surgery (without any demonstrable lasting relief). The patient is status post: (1) complete avulsion repair of the rotator cuff, partial claviculectomy, and arthroscopy with debridement of the biceps tendon stump performed 0/07/2012; (2) left knee surgery performed on 04/24/2009, with anterior cruciate ligament repair and arthroscopy with partial lateral meniscectomy; (3) right shoulder initial arthroscopy performed 09/30/2009, for subacromial decompression, subscapularis tendon repair, biceps tenodesis, and labral debridement; (4) lumbar spine surgery, posterior approach, with decompression, laminectomy and fusion at L2-3, L3-4, L4-5 and L5-S1 with pedicle screws and instrumentation as well as anterior approach with retroperitoneal fusion at L2-3, L3-4, L4-5 and L5-S1performed on 01/4/2011; (5) reoperation for loosened hardware and pseudoarthrosis of the lumbar spine performed 03/29/2011; (6) Partial removal of hardware, intrapelvic screws, left and right pelvis/iliac crest, 03/01/2012. Electrodiagnostic testing performed 06/20/2012 revealed chronic denervation changes in the lumbar paraspinal musculature, and chronic bilateral L5 radiculopathies. A CT scan of the lumbar spine without contrast performed 11/18/2013 revealed no evidence of interval hardware complication. A note dated 09/13/2013 documented the patient to have had complaints of chronic, severe low back pain. The patient had stated interest in reducing his medications. The patient stated interest in the need for another surgery, or the possibility of injections. The patient reported that the average pain without medications was a 10+/10 and with the medications, 5/10.

The patient continued to complain of severe back pain and ongoing pain in his shoulder. Objective findings on exam included a neurologic exam of the reflexes revealed deep tendon reflexes in the lower extremities were decreased, right greater than left; Palpation and tenderness to L5-S1. The patient had a cane in the room. Toe walking examination was abnormal. Heel walking was abnormal. Strength decreased bilateral lower extremities. The decision for a spinal cord stimulator trial and decision for pre-op blood work for the trial was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain Chapter.)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-106. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Per the MTUS Chronic Pain Guidelines, spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. There is limited evidence in favor of spinal cord stimulators (SCS) for failed back surgery syndrome, however, MTUS Chronic Pain Guidelines also state that "SCS for treatment of failed back surgery syndrome (FBSS) reported better effectiveness compared to reoperation (North, 2005)." According to the medical records provided for review, the patient is noted to have several underlying conditions that may limit his overall success with a spinal cord stimulator including psychological issues. Consequently, the request is not medically necessary and appropriate.

Pre op blood work for the trial: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.