

Case Number:	CM13-0070912		
Date Assigned:	01/08/2014	Date of Injury:	01/02/2007
Decision Date:	12/26/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/26/2013

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 New York. 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:

The patient has a date of injury of January 2, 2007. The patient has chronic low back pain. She is a 41-year-old female who injured her back when she slipped and fell in 2007. She's currently diagnosed with chronic low back pain secondary to degenerative disc condition. Patient has had a lumbar MRI that shows L4-5 disc bulge with irritation of the right L4 nerve root. Injured worker treatments include medications, physical therapy, and epidural steroid injections. She continues to have pain. Physical examination shows positive straight leg raise. She has normal motor strength normal reflexes and normal sensation lower extremities. At issue is whether spinal cord stimulator laminectomy and placement is medically necessary. In November 2013 the patient had T9-10 laminectomy for implantation of neuromuscular spinal cord stimulator electrodes. There was no objective documentation of prior successful spinal cord stimulator trial. At issue is whether spinal cord stimulator placement is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association Of Orthopaedics Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: This patient does not meet establish criteria for spinal cord syndrome replacement. Since surgery was not medically necessary the in addition, laminectomy for spinal cord stimulator placement is a very easy surgical procedure. There is no need for an assistant surgeon for this relatively simple surgical procedure. Therefore, the request is not medically necessary and appropriate.

Retrospective request for inpatient stay: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidences and the Official Disability Guidelines (ODG) Low Back Pain Chapter.

Decision rationale: Laminectomy for spinal cord stimulator placement is very easy procedure with minimal blood loss that does not require an overnight stay. This can safely perform with 23 observational stay. Inpatient stay and procedure and not medically necessary.

Retrospective request for T10 laminectomy placement of spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidences and the Official Disability Guidelines (ODG) Low Back Pain Chapter

Decision rationale: This patient does not meet criteria for spinal cord stimulator placement. Specifically the medical records did not document an adequate trial of percutaneous lead placement prior to spinal cord stimulator. Adequate presurgical measures and criteria are for spinal cord stimulator placement were not met. Permanent spinal cord stimulator placement surgery was not medically necessary and criteria not met.