

Case Number:	CM14-0119505		
Date Assigned:	08/06/2014	Date of Injury:	04/06/1986
Decision Date:	09/16/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/29/2014

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 Internal Medicine 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:

The patient is a 65 year old female who was injured on 04/06/1986. The mechanism of injury is unknown. Prior treatment history has included 56 sessions of physical therapy. The patient underwent left sacroiliac joint fusion and intraoperative fluoroscopy for hardware placement on 01/16/2014. Prior medication history included Celebrex 200 mg, Flexeril 10 mg, Gabapentin 300 mg, Nucynta 100 mg, and Senokot 8.6 mg. Progress report dated 01/07/2014 states the patient presented with complaints of bilateral neck, left sided lower back pain and left lower extremity pain with medication. The patient rated her pain as a 6/10 with having the worst pain possible. Without medication, her pain is 10/10. On exam, the lumbar spine revealed restricted range of motion with extension, right lateral bending, left lateral bending, lateral rotation to the left and lateral rotation to the right. She has tenderness to palpation over the paravertebral muscle. She has grossly intact sensation without noted deficits. Diagnoses are status post cervical fusion times three, with fusion at C4-5 and C6-7; status post posterior lumbar interbody fusion, L5-S1 with bilateral pedicle screw instrumentation and peak cage placement on 04/19/2005; adjacent level disc disease at L4-5 with disc protrusion, facet arthrosis, and stenosis, resulting in new onset radiculopathy; failed back syndrome with severe chronic radiculopathy, bilateral lower extremities. Prior utilization review dated 07/03/2014 states the request for Retrospective Spinal Cord Monitoring DOS: 1/16/14 is denied due to lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Spinal Cord Monitoring DOS: 1/16/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.orthobullets.com/basic-science/9023/spinal-cord-monitoring>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.bjj.boneandjoint.org.uk/content/79-B/1/53.short>.

Decision rationale: The guidelines recommend spinal cord stimulator for failed back syndrome, post amputation pain, post herpetic neuralgia, and several other pain disorders. The documentation did not clearly identify the indication for spinal cord stimulator. It is not evident that the patient meets criteria for spinal cord stimulator. The conservative therapy and previous treatment that the patient has undergone were not clearly discussed. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.