

Case Number:	CM14-0138799		
Date Assigned:	09/05/2014	Date of Injury:	10/02/2001
Decision Date:	10/09/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/27/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 43-year-old male with a reported date of injury on 10/02/2001. The injury reportedly occurred when the injured worker fell down about 5 steps. His diagnoses were noted to include status post spinal cord stimulator implant, re-implantation stimulator revision, opioid dependence, thoracic facet joint pain, failed back surgery syndrome, lumbar neuralgia, sacroiliac joint pain and exogenous depression due to chronic pain with suicidal ideation. His previous treatments were noted to include physical therapy, aquatic therapy, spinal cord stimulator, TENS unit, epidural injections and medications. The progress note dated 06/03/2014, revealed the injured worker had increased pain secondary to falling in the shower and revealed he had fallen backwards hitting his back against the shower seat and into a flexed position. The injured worker has had increased pain since the incident. The x-rays were taken in the office and showed no disruption of the spinal cord stimulation generator or leads. The physical examination of the thoracolumbar spine revealed spinous process tenderness at the T12, L1 and L2 levels. There was tenderness noted below the battery and the injured worker reported the unit was working well. The sensory examination revealed coverage of pain that corresponded to the left L5 and S1 dermatomes with the implanted dorsal column stimulator. The deep tendon reflexes were rated 1/4 at the bilateral patellar and Achilles tendons and the pathological reflexes were absent. The motor strength was rated 5/5. The progress note dated 08/12/2014, revealed complaints of pain rated 3/10. The physical examination of the thoracolumbar spine revealed spinous process tenderness at the T12, L1 and L2 levels. There was tenderness noted below the battery and the injured worker indicated the spinal cord stimulator was working well. The sensory examination revealed coverage of pain corresponded to the left L5 and S1 dermatomes with the implanted dorsal column stimulator. The deep tendon reflexes were 1/4 at the bilateral patellar and Achilles tendons. The pathological reflexes were absent and motor strength was

rated 5/5. The Request for Authorization form dated 09/03/2014 was for a [REDACTED] spinal cord stimulator evaluation and reprogramming as needed. The Request for Authorization form and the provider's rationale were not submitted for 1 x-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One [REDACTED] spinal cord stimulator evaluation and reprogramming as needed:
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 Chronic Pain Treatment Guidelines Spinal cord stimulator Page(s): 105.

Decision rationale: The request for 1 [REDACTED] spinal cord stimulator evaluation and reprogramming as needed is not medically necessary. The injured worker has had the spinal cord stimulator since 2012 and indicated it was working well for him. The California Chronic Pain Medical Treatment Guidelines recommend spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. There is limited evidence in favor of spinal cord stimulator for failed back surgery syndrome and complex regional pain syndrome. The documentation provided indicated the injured worker had fallen in the shower and hit his back. According to the documentation from the time of the examination, the injured worker indicated the spinal cord stimulator was working and the x-ray performed did not indicate disruption of the spinal cord stimulator and therefore evaluation and reprogramming is not appropriate at this time. As such, the request is not medically necessary.

One x-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for 1 x-ray of the lumbar spine is not medically necessary. The injured worker fell in the shower and hit his back and an x-ray was taken of the lumbar spine to evaluate the spinal cord stimulator. The CA MTUS/ACOEM Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. The guidelines recommend radiographs to identify and define disc protrusion, cauda equina syndrome, spinal stenosis and postlaminectomy syndrome. The injured worker indicated prior to the x-ray that he was feeling fine and the spinal cord stimulator was working. There was a lack of documentation

regarding significant clinical findings or red flags to warrant an x-ray of the lumbar spine. Therefore, the request is not medically necessary.