

Case Number:	CM14-0155656		
Date Assigned:	09/25/2014	Date of Injury:	07/27/2012
Decision Date:	10/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/23/2014

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 46-year-old male with a reported date of injury on 07/27/2012. The mechanism of injury was due to lifting. His diagnoses were noted to include chronic low back pain, failed back surgery syndrome to the lumbar, long term current use of opioid analgesic, insomnia, chronic pain due to trauma, lumbar degenerative disc disease, and facet arthralgia. His previous treatments were noted to include physical therapy, acupuncture, surgery, chiropractic treatment, and medications. The injured worker had a MRI of the lumbar spine, performed 08/17/2012, which revealed lumbar vertebrae were maintained in height, marrow signal, and alignment without edema. There was noted type 2 endplate signal change seen peripherally, left greater than right, at L5-S1 with a loss of disc height and disc desiccation. At L5-S1, there was a right paracentral and subarticular zone disc protrusion. An electromyography and nerve conduction study was performed 07/03/2014 that revealed no evidence of compression neuropathy or ongoing lumbar radiculopathy. The progress note, dated 08/12/2014, revealed complaints of back pain, rated 7/10 without medications and 5/10 with medications. The injured worker indicated the pain radiated to the left ankle, right ankle, right calf, right foot, and right thigh. The physical examination of the lumbar spine revealed positive straight leg raise and antalgic gait. There were no muscle spasms noted and the sciatic notch was tender on the right, but not on the left. The motion/stability examination noted motion was without pain, crepitus, or evident instability. There was decreased range of motion to the lumbar spine. The progress note, dated 09/19/2014, revealed complaints of back pain that radiated to the right ankle, right calf, right foot, right thigh, and right buttock. The injured worker had a transforaminal epidural and reported a 10% reduction in reference pain. The injured worker indicated his pain without medications was 8/10 and with medications was 6/10. The physical examination of the lumbar spine revealed positive straight leg raise to the right. There was tenderness to the paraspinal

muscles, lumbar, gluteal muscles, and sciatic notch. The right buttock was noted to be painful. The lumbar touch was noted to be normal and the reflexes were diminished to the right plantar. The strength to the right ankle/foot was decreased and the strength to the left hip was normal. The Request for Authorization form was not submitted within the medical records. The request was for 1 electrodiagnostic studies report, 1 lumbar spine MRI report, and 1 spinal cord stimulator; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 electrodiagnostic studies report: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation LC4610 and 8CCR9792

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, Electrodiagnostic Studies.

Decision rationale: The request for 1 electrodiagnostic studies report is not medically necessary. The injured worker had electrodiagnostic studies performed 07/03/2013. The Official Disability Guidelines state nerve conduction studies are not recommended for low back conditions and electromyography is recommended as an option for the low back. Electrodiagnostic studies should be performed by appropriately trained physical medicine rehabilitation or neurology physicians. The injured worker had an electrodiagnostic study performed, however, the MRI report is not medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review. Therefore, the request is not medically necessary.

1 lumbar spine MRI report: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation LC4610 and 8CCR9792

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

Decision rationale: The request for 1 lumbar spine MRI report is not medically necessary. The injured worker had a lumbar MRI performed 08/2012. The CA MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test, such as an MRI, to define a potential cause for

neurological deficits. The provider provided indicated a lumbar MRI was performed 08/2012. However, the MRI report is not medical service for the cure or relief of an industrial injury, and is therefore not within the scope of utilization review. Therefore, the request is not medically necessary.

1 spinal cord stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105-106.

Decision rationale: The request for 1 spinal cord stimulator is not medically necessary. The injured worker has attempted acupuncture, physical therapy, epidural steroid injections, and surgery. The California Chronic Pain Medical Treatment Guidelines recommend spinal cord stimulators only for selected patients in cases when less invasive procedures have failed or are contraindicated. Although there is limited evidence in favor of spinal cord stimulators for failed back surgery syndrome and complex regional pain syndrome type 1, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. The indications for stimulator implantations are failed back syndrome, more helpful for lower extremity than low back pain, although both stand to benefit, 40 to 60% success rate 5 years after surgery. It works best for neuropathic pain. The neurostimulation is generally considered to be ineffective in treating nociceptive pain. The guidelines indications are complex regional pain syndrome/reflex sympathetic dystrophy with a 70 to 90% success rate at 14 to 41 months after surgery. The guideline indications include postamputation pain, postherpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, and peripheral vascular disease. The guidelines also recommend a psychological evaluation prior to a spinal cord stimulator, along with a trial before implantation. There is a lack of documentation regarding a psychological evaluation and the request failed to provide whether this was for a trial or a permanent implantation. Therefore, the request is not medically necessary.