MAXIMUS Federal Services

Case Number:	CM14-0172063		
Date Assigned:	10/23/2014	Date of Injury:	11/12/1999
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 63-year-old female who reported an injury on 11/12/1999. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of sacroiliitis, lumbar facet arthropathy, chronic intractable neuropathic lumbosacral pain syndrome, L1 compression fracture, and chronic opioid therapy secondary to above diagnosis. Past medical treatment consists of surgery, radiofrequency ablation, lumbar facet medial branch block, SI blocks, and medication therapy. Medications consist of Percocet 10/325. No diagnostics were submitted for review. On 06/10/2014, the injured worker complained of lower right sided back pain. It was noted of physical examination that the pain was rated at a 6/10 to 7/10. There was tenderness noted in the midline lower lumbar and right buttocks. Lumbar facet loading continued to be positive, worse on the right by far which brought out her primary concordant pain. She had secondary pains which were brought out with the sacroiliac joint compression and distraction test as well as at the PSIS and greater trochanters. The medical treatment plan is for the injured worker to undergo spinal cord stimulator trial and aquatic therapy. The rationale and Request for Authorization form were not submitted for review.

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 Spinal Cord Stimulators.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, Spinal Cord Stimulators, Spinal Cord Stimulator Page(s): 101, 105, 10.

Decision rationale: The request for Spinal Cord Stimulator Trial is not medically necessary. California MTUS indicates that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. It further Indicates that for stimulator implantation a patient should have the diagnosis of failed back syndrome with persistent pain in patients who have undergone at least one back surgery or patients who have the diagnosis of Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD). Additionally, it recommends a psychological evaluation for a spinal cord stimulator (SCS) trial. The submitted documentation did not support the use of a spinal cord stimulator trial at this time. Per documentation, the injured worker had undergone facet medial branch blocks, sacroiliac radiofrequency ablation, and opioid therapy. It was noted that the injured worker did have lower back pain, but there was no indication that the pain radiated to her lower extremities. The guidelines state that for a spinal cord stimulator trial to start, there should be evidence of failed back syndrome, evidence of patients who are candidates for further surgery and that other interventions such as analgesics, physical therapy and injections have been tried no to little response. There was no evidence submitted for review showing that the injured worker had undergone physical therapy. Furthermore, it is unclear if the injured worker is a candidate for further surgical intervention. As such, the injured worker does not meet the criteria guidelines for a trial of spinal cord stimulator. As such, the request for spinal cord stimulator trial is not medically necessary.

Associated Surgical Service: Aqua Therapy 2 times 4, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 98-99.

Decision rationale: The request for Associated Surgical Service: Aqua Therapy 2 times 4, lumbar spine is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis, and radiculitis, it is 8 to 10 visits. Although, a submitted report dated 06/10/2014 revealed subjective and objective findings on physical examination, aquatic therapy is recommended where land based therapy is not available. It was not noted in the submitted report that conservative care therapies had been trialed and failed. It was unclear as to why the injured worker would not benefit from a home exercise program. Furthermore, the request as submitted is for 8 sessions of aquatic therapy,

exceeding the MTUS recommended guidelines. Given the above, the injured worker is not within guideline criteria. As such, the request is not medically necessary.