MAXIMUS Federal Services

Case Number:	CM14-0022780		
Date Assigned:	06/11/2014	Date of Injury:	04/01/1997
Decision Date:	07/29/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 Surgery, has a subspecialty in Spine Surgery 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 63-year-old male who reported an injury on 04/01/1997. The specific mechanism of injury was not provided. Prior treatments included physical therapy and an anterior lumbar disc replacement of L4-5 and L5-S1 and a trial of over the counter orthotics which alleviated some of his pain.. The lumbar disc replacement was on 12/12/2005. The injured worker underwent a nucleoplasty decompression on 11/04/2004. The injured worker received a spinal cord stimulator on 11/22/2010. The clinical documentation indicated the injured worker had electrodiagnostic studies of the bilateral lower extremities on 07/23/2013 which revealed findings of bilateral L5 and left S1 radiculopathy. It was further indicated that the injured worker had a recent CT scan of the lumbar spine on 07/17/2013 which revealed interbody prosthesis at L4-5 and L5-S1 without loosening or displacement along with a 2.5 to 3 mm disc bulge at L3-4 and L2-3. The documentation of 10/16/2013 revealed the injured worker had a spinal cord stimulator which worked well when the paresthesia coverage was appropriate. However, the spinal cord stimulator was positional, meaning the stimulation would get too strong and then too weak in various positions throughout the day. The request was made for a consideration of the spinal cord stimulation revision. The documentation of 10/02/2013 revealed the injured worker's foot pain was burning in nature and sometimes it was described as burning so hot that the injured worker got cold. The injured worker had greater than 60% relief with the spinal cord stimulator. The injured worker was noted to be unable to use the spinal cord stimulator on an ongoing basis due to the positionality of the leads. The treatment plan included a revision of the percutaneous leads to a paddle lead to decrease the positionality of the lead and would lead to pain relief. The recommendation was for an L2-3 laminotomy and for a T12-L1 spinal cord stimulator paddle placement with removal of the percutaneous leads. The subsequent documentation of 01/03/2014 revealed the injured worker had a complaint of pain at the bottom of his feet, aggravated by

standing and walking. The documentation of 02/28/2014 revealed the request was made for the orthotics as the injured worker had atrophy in the musculature and padding in the balls of his feet, especially on the left, which was why a custom orthotic was necessary. The lack of padding also caused neuropathic pain to shoot from the peripheral nerves of the injured worker's feet. The documentation of 01/03/2014 revealed the injured worker had tenderness to palpation bilaterally with increased muscle rigidity. The injured worker had decreased range of motion. The examination of the left leg revealed the left leg was notably swollen when compared to the right. The injured worker got significant cramping and there was notable increase in muscle tone in the distal leg muscles on the left when compared to the right. There was hypersensitivity and tenderness to light touch. The Wartenberg pinprick wheel caused the injured worker to jump in pain when applied to the left but not to the right. The diagnoses included lumbar spine sprain/strain syndrome, status post IDET/nucleoplastic decompression of 11/04/2004, left lower extremity radiculopathy and lumbar disc replacement of 12/12/2005. Additionally, the diagnoses included post-ischemic complex regional pain syndrome of the left lower extremity, spinal cord stimulator placement on 07/22/2010, and acute left ankle sprain/strain of 03/01/2012 as well as sinus tarsi syndrome and plantar fasciitis. The treatment plan included spinal cord stimulator revision, medications, and slip on orthotics for both feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM MADE SLIP-ON ORTHOTICS FOR BOTH FEET: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: The ACOEM Guidelines indicate that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for injured workers with plantar fasciitis and metatarsalgia. The clinical documentation indicated the injured worker was diagnosed with plantar fasciitis. The injured worker tried over the counter orthotics which alleviated some of his pain. As such, there was a lack of documentation of a failure of over the counter orthotics. Given the above, the request for custom made slip on orthotics for both feet is not medically necessary.

SPINAL CORD STIMULATOR REVISION WITH AN L2-3 LAMINOTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307,Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Spinal Cord Stimulators, Battery Life for SCS.

Decision rationale: The California MTUS guidelines recommend spinal cord stimulators for failed back syndrome. The documentation of 10/02/2013 revealed the injured worker was getting good coverage when the spinal cord stimulator was working. The spinal cord stimulator was noted to be positional. A revision would be supported. The ACOEM Guidelines indicate that surgical consultations are appropriate for injured workers who have severe and disabiling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short- and long-term from surgical repair and the failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated, per the physician, the injured worker had an EMG and a CT of the lumbar spine. The official results were not provided for review. The injured worker had objective findings upon physical examination. the request for the laminotomy would not be supported. The request in its entirety would not be supported. Given the above, the request for spinal cord stimulator revision with an L2-3 laminotomy is not medically necessary.