

Case Number:	CM14-0023743		
Date Assigned:	06/20/2014	Date of Injury:	11/21/2000
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/25/2014

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 Occupational 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:

According to the records made available for review, this is a 62-year-old female with an 11/21/00 date of injury. At the time (1/6/14) of the request for authorization for percutaneous spinal cord stimulator trial and preoperative chest x-ray, there is documentation of subjective findings of moderate-severe back pain, pain has radiated to the left ankle, right ankle, left calf, right calf, left foot, right foot, left thigh and right thigh. The current diagnosis is failed back surgery syndrome lumbar. The treatment to date includes laser therapy, injection therapy, podiatric therapies, TENS, medication, and PT. There is documentation of a 1/22/14 psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCUTANEOUS SPINAL CORD STIMULATOR TRIAL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators; CRPS, spinal cord stimulators Page(s): 105-107; 38.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of failed back syndrome (persistent pain in patients who have undergone at least

one previous back operation), primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial, as criteria necessary to support the medical necessity of spinal cord stimulation in the management of failed back syndrome. Within the medical information available for review, there is documentation of diagnosis of failed back surgery syndrome lumbar. In addition, there is documentation of primarily lower extremity pain, less invasive procedures have failed or are contraindicated, and a psychological evaluation prior to a trial. Therefore, based on guidelines and a review of the evidence, the request for percutaneous spinal cord stimulator trial is medically necessary.

PREOPERATIVE CHEST X-RAY: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Preoperative lab testing.

Decision rationale: California MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnosis of failed back surgery syndrome lumbar. In addition, an associated request for spinal cord stimulator trial was considered medically necessary. Therefore, based on guidelines and a review of the evidence, the request for preoperative chest x-ray is medically necessary.