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| Case Number: | CM14-0046155 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 01/20/2010 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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:

This patient is a 64 year old female who has been diagnosed with failed back syndrome after uncessful lumbar fusion for pain relief. The DOI is reported as 1/20/10. She has been approved for a Spinal Cord Stimulator Trial. She has a history of hypertension which is documented to be very well contolled with Hydrochlorothiazide 12.5mg per day. She also has a history of hypothyroidism and medications for both have been stable for years. She is documented to be in good health and review of systems are reported to be benign. Resting O2 saturation is reported to be 98%.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Leads(for spinal cord stimulator rial certified on 02/18/14) (1 x 2): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://emedicine.medscape.com/article/1980819-technique>.

Decision rationale: MTUS and ODG Guidelines address the appropriateness of a Spinal Cord Stimulator (SCS) trial, but they do not address the fine details of the procedure including the

number of leads. Current standard of care (please see reference above) often includes the placement of 2 leads to potentially provide better coverage and to address the problems if one of the leads migrates. A 2 lead trial of SCS is medically reasonable.

Pre-operative medical clearance/history and physical: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: 1: [http://emedicine.medscape.com/article/1980819-technique2:Practice Advisory for Preanesthesia Evaluation](http://emedicine.medscape.com/article/1980819-technique2:Practice%20Advisory%20for%20Preanesthesia%20Evaluation)An Updated Report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation.

Decision rationale: SCS trials are performed percutaneously while the patient is sufficiently conscious to report on pain levels if the leads are misplaced. The patient is also asked to report on the improvement in the pain coverage during placement of the SCS leads. Under these circumstances judicious use of short term benzodiazepines and possibly short term opioids are recommended. General anesthesia is not recommended. There are no risk factors documented that would necessitate a separate medical clearance history and physical for the light conscious IV sedation. A simple note from the primary treating physician should suffice if additional input is necessary under these circumstances. Therefore, the request for pre-operative medical clearance/history and physical is not medically necessary and appropriate.

Labs: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: 1: [http://emedicine.medscape.com/article/1980819-technique2:Practice Advisory for Preanesthesia Evaluation](http://emedicine.medscape.com/article/1980819-technique2:Practice%20Advisory%20for%20Preanesthesia%20Evaluation)An Updated Report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation.

Decision rationale: SCS trials are performed percutaneously while the patient is sufficiently conscious to report on pain levels if the leads are misplaced. The patient is also asked to report on the improvement in the pain coverage during placement of the SCS leads. Under these circumstances judicious use of short term benzodiazepines and possibly short term opioids are recommended. General anesthesia is not recommended. There are no risk factors documented that would necessitate widespread or undirected laboratory testing. Pre-operative evaluation of clotting factors may be reasonable, but the request does not specify what labs are requested. Therefore, the request for labs is not medically necessary and appropriate.

Chest x-ray: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: 1: [http://emedicine.medscape.com/article/1980819-technique2:Practice Advisory for Preanesthesia Evaluation](http://emedicine.medscape.com/article/1980819-technique2:Practice+Advisory+for+Preanesthesia+Evaluation)An Updated Report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation.

Decision rationale: SCS trials are performed percutaneously while the patient is sufficiently conscious to report on pain levels if the leads are misplaced. The patient is also asked to report on the improvement in the pain coverage during placement of the SCS leads. Under these circumstances judicious use of short term benzodiazepines and possibly short term opioids are recommended. General anesthesia is not recommended. There are no risk factors documented that would necessitate a chest X-ray under these circumstances. Therefore, the request for chest x-ray is not medically necessary and appropriate.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines)-TWC last updated (05/10/2013) EKG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1: [http://emedicine.medscape.com/article/1980819-technique2:Practice Advisory for Preanesthesia Evaluation](http://emedicine.medscape.com/article/1980819-technique2:Practice+Advisory+for+Preanesthesia+Evaluation)An Updated Report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation.

Decision rationale: SCS trials are performed percutaneously while the patient is sufficiently conscious to report on pain levels if the leads are misplaced. The patient is also asked to report on the improvement in the pain coverage during placement of the SCS leads. Under these circumstances judicious use of short term benzodiazepines and possibly short term opioids are recommended. General anesthesia is not recommended. There are no risk factors (arrhythmia, history of end organ damage from HTN, shortness of breath) documented that would necessitate a pre-operative EKG under these circumstances. Therefore, the request for the pre-operative EKG is not medically necessary.