

<b>Case Number:</b>	CM14-0049458		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/12/2003
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 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:

Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain and left lower extremity numbness, tingling, and radiating pain. She also reported right foot pain, particularly involving the plantar and medial aspect. She also had on and off swelling of both feet and ankles. She also had neck pain but denied having upper extremity radiating pain. On physical examination, there was a well-healed anterior neck incision. Neck range of motion was decreased. There was mild weakness of both upper extremities. There was diminished sensation of the right hand. A clean, dry, and intact abdominal incision was noted. Two posterior paramedian back incisions that were clean, dry, and intact were also reported. Lumbar range of motion was decreased. There was tenderness of the lumbar paraspinals and muscle spasm was noted. There was mild weakness of both lower extremities. Slight edema was found on both feet. Hypersensitivity was noted over both feet and ankles. Gait was within normal limits and the patient ambulated without assistance. CT myelogram of the cervical spine dated March 21, 2013 revealed (1) satisfactory/solid appearance of fusion at C5-6 and C6-7; (2) marked facet arthropathy and degenerative anterolisthesis at C3-4 resulting in moderate right foraminal stenosis; and (3) right foraminal stenosis in the upper thoracic spine most severely at T2-3. CT myelogram of the lumbar spine dated March 21, 2013 revealed (1) multilevel facet arthropathy of the lower thoracic spine and lumbar spine; (2) degenerative listhesis of L3-4; (3) solid fusion L2-3; (4) indwelling spinal stimulator device with satisfactory appearance; and (5) an area of abnormality within the left lower lobe identified just on the end of the imaging study. Treatment to date has included medications, psychotherapy, anterior cervical discectomy C5-7 fusion, anterior and posterior L5-S1 fusion, spinal cord stimulator (June 2009), and transcutaneous electrical nerve stimulation (TENS) unit. Utilization review from April 14,

2014 denied the request for Placement of new battery (IPG), monitored anesthesia care, and epidurography. The rationale for determination was not included in the records for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Placement of new battery Implantable Pulse Generator (IPG): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Psychological Evaluations, IDDS & SCS; Spinal Cord Stimulators (SCS) Page(s): 11 105-107. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Spinal cord stimulation.

**Decision rationale:** According to pages 105-107 of the CA MTUS Chronic Pain Medical Treatment Guidelines, spinal cord stimulators (SCS) are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications for stimulator implantation include failed back syndrome, complex regional pain syndrome/reflex sympathetic dystrophy, post-amputation pain, post-herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. Regarding placement of new batteries for spinal cord stimulators, CA MTUS does not specifically address this issue. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the U.S. National Institutes of Health's [REDACTED] was used instead. According to [REDACTED], another surgery will be needed to have the battery of spinal cord stimulators replaced when it gets too old. In this case, the patient underwent implantation of a spinal cord stimulator in 2009 and placement of new batteries was requested because the patient claimed that her spinal cord stimulator was not functioning at present. However, the records did not show an adequate evaluation and assessment of the status of the spinal cord stimulator and the conclusion that new batteries were needed appeared to be merely speculative. Therefore, the request for Placement of new battery (IPG) is not medically necessary.

#### **Monitored anesthesia care: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The dependent request, Placement of new battery (IPG), was deemed not medically necessary. Therefore, the request for Monitored anesthesia care is also not medically necessary.

#### **Epidurography: 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: Epidurography/Epiduroscopy in pain management.

**Decision rationale:** CA MTUS does not specifically address epidurography. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, an article entitled Epidurography/Epiduroscopy in Pain Management published in the Journal of Anesthesiology Clinical Pharmacology was used instead. The article states that lumbar epidurography is most useful in evaluating patients with non-diagnostic physical findings and negative or equivocal lumbar myelograms. In this case, the patient underwent CT myelogram of the cervical and lumbar spine dated March 21, 2013, which both revealed multi-level facet arthropathy. Physical findings also supported these findings. A rationale was not provided as to why an epidurography was needed when physical examination and myelogram both yielded positive and diagnostic findings. Therefore, the request for Epidurography is not medically necessary.