

Case Number:	CM14-0064501		
Date Assigned:	07/11/2014	Date of Injury:	06/11/1991
Decision Date:	09/10/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/07/2014

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:

Patient is a 71 year-old female with date of injury 06/11/1991. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/14/2014, lists subjective complaints as pain in the low back with associated spasms. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the low back revealed tenderness to palpation of the paraspinal muscles. Patient walked with an antalgic gait. Diagnosis: 1. Cervical spine radiculopathy 2. Lumbar spine radiculopathy. Treatments to date include physical therapy, injections, medications, diagnostics, lumbar surgery on 08/13/2012, spinal fusion L1-S1 on 12/02/2011, cervical fusion C4-7 on 06/08, and L1-5 interdural arachnoid cyst fenestration and exploration of epidural environment and decompression. Two important points in regard to the medical record are first, the patient's urinary incontinence and bowel problems started prior to 10/15/2013, and second, reference is made to a lumbar MRI and a lumbar CT myelogram in a number of reports dating from October 2013 to April 2014, the references are not dated and there is no recent imaging studies of the lumbar spine contained within the medical record provided. Two important points in regard to the medical record are first, the patient's urinary incontinence and bowel problems started prior to 10/15/2013, and second, reference is made to a lumbar MRI and a lumbar CT myelogram in a number of reports dating from October 2013 to April 2014, the references are not dated and there is no recent imaging studies of the lumbar spine contained within the medical record provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Lumbar spinal stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 105-107.

Decision rationale: According to MTUS, indications for spinal cord stimulator are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, psychological screening should be obtained prior to a spinal cord stimulator trial, especially for serious conditions such as severe depression or schizophrenia. The medical record indicates that the patient is suffering from depression, but there is no documentation of psychological screening. Therefore, this request is not medically necessary.

Lumbar CT (Computed Tomography) scan: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (Magnetic Resonance Imaging [MRI] for neural or other soft tissue, Computed Tomography [CT] for bony structures). The onset of bowel or bladder problems, particularly in a patient with previous lumbar pathology, is an indication for lumbar imaging studies. The medical record provided does not contain any recent CT or MRI of the lumbar spine. Therefore, this request is medically necessary.