

Case Number:	CM14-0083701		
Date Assigned:	07/21/2014	Date of Injury:	05/28/1998
Decision Date:	09/17/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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 Family Practice and is licensed to practice in Ohio. 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 has a date of injury of May 28, 1998. He sustained a low back injury and has a history of a prior fusion and decompression of the L4-S-1 levels. He has had ongoing low back pain radiating to the right lower extremity. He has had numerous epidural steroid injections in the past and has been maintained on a variety of pain medication. On December 16 of 2013, a spinal cord stimulator was implanted. On December 6 of 2013, he was complaining of ongoing right lower extremity pain and there appeared to be tenderness of one corner of the implanted hardware. The incision was intact however without redness and without signs of infection otherwise. On January 17 of 2014, the tenderness of the hardware seemed to have diminished and again the incision site was felt to be intact. Because of ongoing low back pain and right lower extremity pain, the injured worker was given epidural steroid injections on April 21 of 2014. There was a request for Doxycycline 100 mg #20 on May 7 of 2014. That request was denied because no link could be established between the original injury, subsequent procedures, and the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxycycline 100 Mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Section, <Spinal Cord Stimulation Topic>.

Decision rationale: Spinal cord stimulation is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. There's some evidence supporting the use of spinal cord stimulation for failed back surgery syndrome and other selected chronic pain conditions. In the last decade there has been growing awareness that spinal cord stimulation is a reasonably effective therapy for many patients suffering from neuropathic pain for which there is no alternative therapy. One potential consequence of any surgery is that of infection. In this instance, there seems to have been ongoing vigilance for signs of infection following the implantation of the spinal cord stimulator. However, the documentation provided is quite clear that no sign of infection at the surgical site was apparent. Therefore, barring any clarifying documentation, Doxycycline 100 mg #20 was medically unnecessary.