MAXIMUS Federal Services

Case Number:	CM14-0175402		
Date Assigned:	10/28/2014	Date of Injury:	02/18/2009
Decision Date:	01/30/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 medical records the patient is a 50-year-old male with a date of injury on February 18, 2009. He is status post lumbar laminectomy in December 2012 and status post lumbar fusion in June 2013. Electrodiagnostic studies dated December 21, 2010 revealed chronic left L5 and S1 radiculopathy. He is diagnosed with lumbar myoligamentous sprain strain syndrome, multiple lumbar disc disease with left lower extremity radicular symptoms, reactionary depression and anxiety, medication induced gastritis, left knee internal derangement. The medical records indicate that he underwent lumbar epidural steroid injection on July 7, 2014 with only four weeks relief. He remains symptomatic with pain rated 8/10. He is not interested in further surgical interventions. He has failed medication management.The prior peer review indicated that SCS trial would be indicated however, the patient had not undergone psychological clearance. With regards to trigger point injections, it was noted that the patient has a diagnosis of radiculopathy and trigger point injections are not recommended for radicular pain. It was also noted that in the absence of palpable taught band with evidence of twitch response and referred pain, the request for trigger point injections would not be medically established.According to an August 7, 2014 report, the patient did receive psychological clearance from Dr. [redacted] on May 29, 2014.Examination narrative on September 3, 2014 revealed decreased range of motion, decreased strength, absent reflects on the left Achilles, decreased sensation at the L5-S1 distribution on the left, positive straight leg raise on the left, as well as palpable and tender trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of spinal cord stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators; Psychological evaluations, IDDS and SCS (intrathecal drug delivery syst.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, spinal cord stimulators are indicated for patients diagnosed with failed back syndrome. In this case, the medical records establish a diagnosis of failed back syndrome. The guidelines state that Spinal cord stimulators (SCS) are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. The patient has failed conservative management including epidural steroid injections and medication management. He is not a candidate for further surgery. The MTUS Chronic Pain Medical Treatment Guidelines recommend psychological evaluations for spinal cord stimulators. The medical records establish the patient has undergone psychological clearance. The patient meets the criteria for a trial of spinal cord stimulator. The request for spinal cord stimulator trial is medically necessary.

Follow up in 1 month: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visit

Decision rationale: The patient has a diagnosis of failed back syndrome. The MTUS Chronic Pain Medical Treatment Guidelines do not address office visits. According to ODG, office visits are recommended as determined to be medically necessary. ODG notes that the Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The request for follow up in one month is medically necessary for the diagnosis of failed back syndrome.

Possible retrospective trigger point injections to the lumbar spine, quantity 4, DOS 9/3/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 121-122.

Decision rationale: References state that trigger point injections are not recommended for radicular pain. In this case, the patient has electrodiagnostic evidence of chronic radiculopathy. Furthermore, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain to support the request for trigger point injections. Therefore, the request is not medically necessary.