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| Case Number: | CM14-0187586 | | |
| Date Assigned: | 11/17/2014 | Date of Injury: | 10/20/2000 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 11/06/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 Internal 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:

The injured worker (IW) is a 56-year-old man with a date of injury of October 20, 2000. The mechanism of injury was not documented in the medical record. Pursuant to the progress reports dated October 25, 2014, the IW complains of neck pain and headaches. He reports that his low back pain has improved. The IW had 50% pain relief from the current medication regimen. The IW had no lumbar radiculopathy, but had focal low back pain. He is able to stand for 5 to 10 minutes, and his pain goes away quickly when he sits or lies down. Historically, the injured worker's low back pain had responded well to lumbar epidural steroid injection (ESI) procedures for approximately 3 months or more. He underwent a caudal ESI in February of 2013. He had extensive scarring, which blocked the left side administration of steroid. Because of this, he underwent a spinal endoscopy on September 30, 2013. He had severe post-op pain for 3 days, but is doing much better now, and has reduced pain. The documentation indicated that the IW is having trouble using his medications as prescribed, and states that he felt he was abusing the medications previously. He had severe depression with intermittent suicidal ideation, now improved on medications. Current medications include Ketamine 50mg, Norco 10/325mg, Zanaflex 4mg, Cymbalta 60mg, Voltaren 50mg, ASA 81mg, and Glucosamine/Chondroitin 500mg. Objectively, the spinal examination showed tenderness along the lower portions of the lumbar area and pain with lumbar extension. The lower extremity examination revealed abnormal sensory deficits with normal motor function. Previously, the IW had decreased sensation along the left L5 dermatome, which was not present at the most recent examination. Lower extremity reflexes were decreased, but symmetrical. Normal gait and negative straight leg raise tests were noted. The provider recommends that the IW undergo a repeat DCS trial with lumbar peripheral stimulator leads, a repeat caudal ESI to minimize postoperative scarring recurrence and to keep radiculopathy minimized. The provider also recommended a thoracic

MRI to verify adequate spinal canal space for the stimulator leads in the thoracic spine to cover the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DCS trial with lumbar peripheral stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) . Decision based on Non-MTUS Citation Official Disability Guidelines: Dorsal Column Stimulator, Indications for Stimulator Implantation

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

Decision rationale: Pursuant to the Official Disability Guidelines, dorsal column stimulator (DCS) trial with lumbar peripheral stimulator is not medically necessary. DCS is recommended for selected patients with complex regional pain syndrome. More trials are needed to confirm whether it is an effective treatment for certain types of chronic pain. Indications for stimulator implantation: complex regional pain syndrome when all of the following are present: there has been a limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; no current evidence of substance abuse; no contraindications to a trial; permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. In this case, the injured worker is a 55-year-old man with a date of injury October 20, 2000. The record indicates his chief complaint as of October 25, 2014 is the neck pain and headaches. He also has low back pain which is now improved. Current medications are Ketamine, Norco, Zanaflex, glucosamine, Cymbalta, and aspirin 81 mg a day. The assessment indicates the injured worker has a history of cervical degenerative disc disease with left-sided neck and arm pain. He has improved right leg L5 radiculopathy suggested by exam. The psychological section indicates the patient has a history of depression. The injured worker self describes having trouble with his medications as prescribed and that he was abusing the medication previously. Under recommendations the documentation indicates the injured worker had a DCS trial with lumbar peripheral stimulation leads in the past. There was no documentation of the prior DCS trial present. According to the indications, there is no psychological clearance in the medical record that indicates realistic expectations; there is questionable evidence of substance abuse based on the injured worker's admission in the assessment (see above) and the lumbar symptoms/radiculopathy were improved. There was a prior DCS trial, however, and there was no documentation of that trial. There is no evidence of a 50% pain relief or medication reduction or functional improvement after the temporary trial. There was no documentation or clinical rationale explaining why a second DCF trial was indicated with improved lumbar symptoms. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, dorsal column stimulator with lumbar peripheral stimulator is not medically necessary.

1 caudal ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Epidural Steroid Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one caudal epidural steroid injection is not medically necessary. The ODG enumerates the criteria for use of epidural steroid injections. They include, but are not limited to, radiculopathy must be documented, objective findings must be present, and radiculopathy must be corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment. See guidelines for additional details. In this case, the injured worker had a caudal epidural steroid injection in February 2013. The record indicates no complications from the procedure. However, the documentation on page 380 of the medical record indicates "it was noted he had extensive scarring, which blocked the administration of steroids. Because of this, he underwent a spinal endoscopy on September 30, 2013. He had severe postoperative pain for three days, but now is doing much better and has produced pain. I told him I recommended proceeding soon with a reinstallation of the space, and reapplication of steroids to prevent re-scarring of the area. During the procedure, the center areas of the epidural space were well lysed, but severe foraminal stenosis was noted". The medical record is unclear as to whether the prior ESI caused or contributed to the extensive scarring during the February 2013 procedure. Additionally, the medical record indicates the injured worker was not having lumbar radiculopathy, but only focal low back pain, he was able to stand for 5 to 10 minutes and his pain goes away quickly when he sits or lays down. The criteria for epidural steroid injections mandates radiculopathy must be documented, objective findings must be present on examination and corroborated by electrodiagnostic testing. There were none. The injured worker was not having lumbar radiculopathic symptoms at the time of the request. Consequently, one caudal epidural steroid injection is not medically necessary.

1 thoracic MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Back Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, thoracic MRI is not medically necessary. The indications for MRI imaging thoracic spine are in the ODG. Thoracic spine trauma with neurologic deficit is an indication for MRI evaluation. In this case, the treating physician requested a dorsal column. A thoracic MRI was requested to verify was adequate spinal canal space to be able to accept the additional stimulator leads placed in the thoracic area to cover his lumbar pain. It is unclear from the medical record whether an MRI was performed

previously prior to or after the first DCS trial. Additionally, the requested DCS trial from October 2014 was deemed not medically necessary (Supra) and consequently, the MRI thoracic spine is not medically indicated or medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, MRI thoracic spine is not medically necessary.