

Case Number:	CM14-0204886		
Date Assigned:	12/17/2014	Date of Injury:	11/12/2002
Decision Date:	02/09/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/08/2014

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 Orthopedic Surgery 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 is a 45-year-old female who reported an injury on 11/12/2002. The mechanism of injury was a fall. She was diagnosed with chronic pain syndrome. Her past treatments were noted to include medications, psychotherapy, physical therapy, and surgery. Her surgical history was noted to include postlaminectomy and implantation of a dual lead spinal cord stimulator system performed on 11/28/2012. On 07/30/2014, the clinical note indicated that the injured worker, on a past progress report dated 10/19/2012, stated "it is like night and day." Her pain was decreased to 4/10 compared to her previous 8/10 pain prior to trial of spinal cord stimulator. She also stated that she has decreased medication intake by 75%. On 12/10/2014, the injured worker reported low back pain. She indicated she could not sleep due to her pain. She rated her pain as 10/10 without medications and with medications 7/10. On physical examination, she was noted to have restricted range of motion of the lumbar spine due to pain and positive lumbar facet loading maneuvers. Current medications were noted to include Ambien 10 mg, frequency not provided; oxycodone 30 mg, 3 times a day; Percocet 10/325 mg, 3 times a day; and Soma 3 mg, 4 times a day. The treatment plan was noted to include medications, an updated MRI of the lumbar spine after removal of spinal cord stimulator, followup with orthopedic surgeon for spinal fusion consideration and left knee surgical consideration, and authorization for transportation for doctor visits. A request was submitted for MRI (magnetic resonance imaging) of the lumbar spine without contrast and removal of the spinal cord stimulator. The orthopedist has requested removal of the stimulator to get an MRI of the low back for reconsideration of spinal fusion. A Request for Authorization was submitted on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging)

Decision rationale: The request for MRI (magnetic resonance imaging) of the lumbar spine without contrast is medically necessary. The California MTUS ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. More specifically, the Official Disability Guidelines recommend for patients with prior back surgery. The clinical documentation provided indicated that the injured worker had tried various conservative treatments without benefits or sustained relief of symptoms. The injured worker also reported worsening low back pain and neuropathy, which she rated at 7/10 with use of medication regimen. The referenced guidelines support the use of MRI for uncomplicated low back pain with a prior lumbar surgery and for postoperative use and surgical planning. The injured worker treatment plan included spinal cord stimulator removal, and orthopedic consult for spinal fusion consult and she does in fact have history of prior spinal surgery. As such, the request for MRI (magnetic resonance imaging) of the lumbar spine without contrast is supported by the referenced guidelines, and is medically necessary.

Removal of the spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The request for removal of the spinal cord stimulator is not medically necessary. The California MTUS/ACOEM Guidelines indicate implantable spinal cord stimulators are rarely used and should be reserved for patients with low back pain for more than 6 months duration and have not responded to standard non-operative or operative interventions. The clinical documentation provided for review does indicate that the spinal cord stimulator is not helping the injured worker with decreasing her pain; however, there is no indication from the information submitted that the spinal cord stimulator is malfunctioning, displaced, or causing the injured worker increased functional deficits or pain. The injured worker has had the spinal cord stimulator since 11/28/2012. The removal of the spinal stimulator is not recommended for

convenience. Given the above information, the request would not be supported by the guidelines. As such, the request for removal of the spinal cord stimulator is not medically necessary.