

Case Number:	CM14-0026736		
Date Assigned:	03/05/2014	Date of Injury:	10/05/1994
Decision Date:	04/06/2015	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year male who sustained an industrial injury on October 5, 1994. He has reported low back pain and left lower extremity numbness and has been diagnosed with postlaminectomy syndrome lumbar region, degenerative lumbar/lumbosacral intervertebral disc, displacement intervertebral disc site unspecified without myelopathy, lumbosacral spondylosis without myelopathy, and lumbago. Treatment has included surgery, medications, and physical therapy. Currently the injured worker complains of chronic, severe, intractable low back and left lower extremity radicular pain with numbness and tingling. The treatment plan included medication, diagnostics, physical therapy, and psychological care. On January 31, 2014 Utilization Review non certified 1 spinal cord stimulator permanent implantation for the lumbar spine as an outpatient, Preoperative labs, blood work, CXR, EKG prior to spinal cord stimulator surgery citing the ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Spinal Cord Stimulator Permanent Implantation for the Lumbar Spine, Between 1/29/14 AND 3/15/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders and ACOEM-[https://www.acoempracguides.org/Ankle and Foot](https://www.acoempracguides.org/Ankle%20and%20Foot) Table 2, Summary of Recommendations, Ankle and Foot Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 105-107.

Decision rationale: This patient presents with lower back pain and left lower extremity weakness. The treater has asked for ONE SPINAL CORD STIMULATOR PERMANENT IMPLANTATION FOR THE LUMBAR SPINE AS AN OUTPATIENT on 1/22/14. The patient has failed 1 prior lumbar fusion in 1995 and sacral surgery x 2 per 1/22/14 report. The patient had an MRI on 2/19/13 that shows L4-5 DDD, annular tear, and HNP and L5-S1 DDD and DJD without change from previous exam per 1/22/14 report. The patient had a SCS trial on 1/21/14 and reports 60% pain relief from the trial, and wishes to proceed with implant per 1/22/14 report. Review of reports show no evidence of a psychological clearance for an SCS trial, as the utilization review letter dated 1/31/14 also mentions. The operative report for SCS trial implantation was not provided in documentation, but the operative report for SCS trial removal on 1/23/14 showed that the patient had over a 50% improvement in pain and function with decreased medication requirements. MTUS recommends neurostimulation when less invasive procedures have failed or are contraindicated, for failed back surgery syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesias, multiple sclerosis, peripheral vascular disease, and angina - following a successful trial. The patient is currently permanent and stationary with a fair prognosis. In this case, the patient presents with chronic back pain and has failed conservative treatment. The patient has failed several back surgeries. A trial of a spinal cord stimulator gave 60% improvement in pain relief along with improved function and medication reduction per treater. SCS trial appears to have been for 2 days only. Medication reduction was not verified by the review of the reports. Most importantly, psychological evaluation was not provided showing that the patient does not present with any red flags and has realistic expectations from the SCS. The request IS NOT medically necessary.

PRE-OP LABS-BLOOD WORK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-[https://www.acoempracguides.org/Chronic Pain](https://www.acoempracguides.org/Chronic%20Pain); Table 2, Summary of Recommendations, Chronic Pain Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back: Pre-operative testing, general.

Decision rationale: This patient presents with lower back pain, and left lower extremity weakness. The treater has asked for on 1/22/14. The patient is preparing to undergo a possible spinal cord stimulator implantation per 1/22/14 report. Regarding preoperative lab testing, ODG

guidelines has the following: "Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." ODG recommends electrolyte and creatinine testing for patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing is recommend for those with DM. CBC recommended when significant blood loss is anticipated or those at risk of anemia, and coagulation studies for patients with a history of bleeding or bleeding medical condition. The patient is currently permanent and stationery with a fair prognosis. In this case, the patient does not present with high risk factors such as hypertension, diabetes, or kidney/liver disease. The treater does not mention any of the risk measures. The request IS NOT medically necessary.

PRE-OP CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Chronic Pain; Table 2, Summary of Recommendations, Chronic Pain Disorders](https://www.acoempracguides.org/Chronic%20Pain;Table%202,Summary%20of%20Recommendations,Chronic%20Pain%20Disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary chapter, Pre-op X-rays.

Decision rationale: This patient presents with lower back pain, and left lower extremity weakness. The treater has asked for PRE-OP CHEST X-RAY on 1/22/14. ODG guidelines for pre-operative chest X-ray states, "Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The patient is currently permanent and stationery with a fair prognosis. In this case, the treater does not mention that the patient is at risk of postoperative pulmonary complications. The patient does not have a history or diagnoses of any cardiovascular condition that would be potentially problematic for the implantation surgery. The request IS NOT medically necessary.

PRE-OP EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Chronic Pain; Table 2, Summary of Recommendations, Chronic Pain Disorders](https://www.acoempracguides.org/Chronic%20Pain;Table%202,Summary%20of%20Recommendations,Chronic%20Pain%20Disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter, Pre-op EKG.

Decision rationale: This patient presents with lower back pain, and left lower extremity weakness. The treater has asked for PRE-OP EKG on 1/22/14. ODG under L-spine chapter, preoperative EKG has the following: Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients

undergoing low-risk surgery do not require electrocardiography." It supports EKG for orthopedic surgery, but not for endoscopic procedures. The patient is currently permanent and stationery with a fair prognosis. In this case, the patient is to undergo a spinal cord stimulator implantation. ODG does not support EKG for low-risk surgeries, but only for orthopedic or high-risk surgeries. The request IS NOT medically necessary.