MAXIMUS Federal Services

Case Number:	CM15-0000715		
Date Assigned:	01/12/2015	Date of Injury:	11/12/2000
Decision Date:	03/17/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	01/02/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 42 year old male, who sustained a work related injury on 11/12/00. The diagnoses have included lumbar radiculopathy, mood disorder and post lumbar laminectomy syndrome. Treatment to date has included oral medications, lumbar surgery, use of a walker, cane and scooter, MRI, x-rays, EMG/NCS, cervical and lumbar epidural steroid injections, and physical therapy. From the PR-2 dated 11/18/14 (in the first medical record file listed in documents section, starting on page 96/132 of file), the injured worker complains of increased neck pain and upper and lower back pain. He rates his pain as 2/10 on medications. He rates the pain 10/10 off of medications. His activity level has decreased. He is sleeping poorly. He has an abnormal gait and decreased range of motion in lumbar spine. On 12/6/14, Utilization Review non-certified a request for a spinal cord stimulator, noting the use of a spinal cord stimulator may be recommended if less invasive treatments have failed. The injured worker should have symptoms of radicular pain. He complains of chronic back pain and no radiculopathy symptoms are documented. The California MTUS, Chronic Pain Treatment Guidelines, were cited.On 12/6/14, Utilization Review non-certified a request for a psychological clearance evaluation for spinal cord stimulator surgery, noting the spinal cord surgery was non- certified. He did not meet the guidelines for the spinal cord stimulator. The psychological evaluation is not necessary since the spinal cord stimulator was not approved. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral for spinal cord stimulator: Upheld

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 (Chronic) SCS, Spinal Cord Stimulator (SCS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105, 106, 107. Decision based on Non-MTUS Citation ODG Section: Low Back, Topic: Spinal cord stimulation

Decision rationale: According to the progress report dated 11/18/2014 the iw complained of increased neck pain, upper back pain, and low backache. He also complained of poor quality of sleep, decreased activity level, and retrosternal pain with deep breathing and left lower abdominal pain. Pain was rated 2/10 with medications and 10/10 without medications. The iw indicated that he was able to perform household tasks including cooking, cleaning, and self-care for 30-45 minutes or greater at a time. Examination findings included slowed and antalgic gait assisted by a cane, limited range of motion of the lumbar spine due to pain, bilateral lumbar paravertebral muscle hypertonicity, spasm, tenderness, tight muscle band and trigger point, inability to walk on heels or toes, positive bilateral lumbar facet loading, positive bilateral supine straight leg raise, decreased bilateral lower extremity motor strength, decreased sensation, and a bruise at the midline in the L4-5 region. Per examination of November 25, 2014 the injured worker was complaining of lower backache. The pain level had increased since the previous visit. The quality of sleep was poor. He reported poor sleep, unhappiness and weakness. Review of the musculoskeletal system indicated muscle weakness and back pain. Neurological symptoms included tingling and urinary retention. Urinary symptoms included suprapubic pain and urinary retention. Psychiatric symptoms included a history of depression. Current medications included 14 inch French catheter, sterile Vaseline, Viagra, MS Contin, Lexapro, Valium and Xanax. Previous surgical procedures included lumbar fusion and removal (1999-2000) and second lumbar fusion (2001). He was using a single point cane, walker, and electric scooter. Prior treatments included cervical epidural steroid injections and lumbar epidural steroid injections with no relief, facet injections with no relief, trigger point injections with moderate relief, physical therapy, acupuncture, chiropractic treatment, biofeedback, psychotherapy, TENS unit, and exercise. California MTUS chronic pain guidelines indicate the spinal cord stimulators are recommended only for selected patients in cases where necessary invasive procedures have failed or are contraindicated. There is limited evidence in favor of spinal cord stimulators in failed back surgery syndrome. The indications for stimulator implantation include failed back syndrome in which it is more helpful for lower extremity pain than low back pain. It works best for neuropathic pain.. ODG guidelines for a spinal cord stimulator indicate that it may be considered after a successful trial for selected patients when less invasive procedures have failed or are contraindicated. Indications include failed back syndrome. For failed back syndrome, records should indicate that patient had persistent pain after at least one previous back operation. In addition the documentation should show that the patient was not a candidate for additional surgery. The patient should primarily have lower extremity radicular pain. Records should indicate that the patient had a limited response to non-

interventional treatment like neuroleptic agents, analgesics, injections, and physical therapy. There should be no evidence of substance abuse issues or contraindications to the trial. In addition, the patient should have a psychological clearance prior to the procedure. The records referenced above indicate that the the patient complained of low back pain but did not note any lower extremity radicular symptoms in recent reporting. In addition, recent examination findings were not indicative of radicular lower extremity pain. The notes also refer to a pain level of 2/10 with medication. As such, the guidelines do not support the request for a spinal cord stimulator trial and the medical necessity of the request is not substantiated.

One psychological clearance evaluation for SCS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One shower chair: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee, Topic: Durable medical equipment.

Decision rationale: ODG guidelines indicate bath tub seats are considered a comfort or convenience item, hygienic equipment, and not primarily medical in nature. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. ODG guidelines therefore do not recommend bath tub seats or shower seats as a medical item. The request for a shower chair is therefore not supported by guidelines and as such, the medical necessity is not established.