

Case Number:	CM15-0006547		
Date Assigned:	01/26/2015	Date of Injury:	04/21/1995
Decision Date:	04/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/12/2015

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: New York

Certification(s)/Specialty: Neurological 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:

This 65 year old former utility meter reader, insulin dependent, diabetic male presents with chronic lumbar pain which began in 1985 or 86 for which he has taken morphine sulfate 400 mg per day for years. His date of injury is 04/21/1995. He has diabetic peripheral neuropathy. He states the low back pain is constant radiates into the left leg and thirty percent of the time into the right. It worsened with chiropractic sessions, epidural steroids helped in the 1990s for a couple of months. A TENS unit helped some. Psychological assessment is pending. A spinal cord stimulator was discussed with him. Utilization Review denied the request for a thoracic and lumbar MRI scan. PMHX reveals hospitalization for a myocardial infarction on 10/20/2014 with a heart cath. He had had a 7 way CABG in 1986, angioplasty 1987, broken pelvis 1990, partial discectomy 1998, IDET in 1998, 5 way CABG in 2002. He has upper extremity pain which radiates from elbows to the palms. The PR2 of 12/18/2014 indicates no interval change in his low back and lower extremity pain. One consultant in the past told him he was not a surgical candidate. Exam disclosed axial tenderness to percussion L4-S1, tenderness over the facet joints bilaterally and negative SI joint testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRT-spine For Possible SCS Trial (x1 time only): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 105, 101.

Decision rationale: Spinal cord stimulators (SCS) according to the California MTUS guidelines are recommended only for selected patients when less invasive procedures have failed. As this patient is habituated to morphine, evaluation is difficult. He has not had the recommended psychological evaluation, which is a prerequisite for surgery. He is exceeding the recommended oral morphine equivalent and the documentation does not indicate his active cooperation with a pain management or weaning program. As the requested MRI scan of the thoracic spine is ordered to support the possible SCS trial, and the patient has not completed the criteria for such a trial, then the requested treatment: MRI T-spine for possible SCS Trial (x1 time only) is not medically necessary and appropriate.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to California MTUS guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant MRI imaging of the patient if surgery is an option. Documentation shows this patient has a chronic pain problem with drug habituation and a specific nerve compromise has not been identified which might respond to surgery. Moreover, per the MTUS guidelines when the neurologic examination is less clear further physiologic evidence of nerve dysfunction can be obtained. Documentation does not show this has happened. Thus, the requested treatment MRI lumbar spine is not medically necessary and appropriate.