

Case Number:	CM15-0008072		
Date Assigned:	01/23/2015	Date of Injury:	04/28/2004
Decision Date:	03/25/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/14/2015

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, New Hampshire, Washington
 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 66 year old female, who sustained an industrial injury on April 29, 2004. She has reported lower back pain and leg pain. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, postlaminectomy syndrome of lumbar region, chronic pain syndrome, and backache. Treatment to date has included chiropractic, physical therapy, lumbar spine fusion, and medications. Currently, the injured worker complains of continued back and leg pain. The treating physician is requesting a trial of a spinal cord stimulator, preoperative psychological evaluation, and prescriptions for Oxycontin and Percocet. On December 19, 2014 Utilization Review non-certified the requests noting the lack of documentation to support the medical necessity of the services. The MTUS and ODG were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg quantity not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

Decision rationale: MTUS Chronic Pain Treatment Guidelines do not recommend the use of opioids for chronic pain. There is no documentation of significant functional benefit from previous narcotic use for this patient's chronic pain. MTUS does not support the use of opioids for chronic pain without documented evidence of functional improvement with previous opioid use.

Percocet 10mg quantity not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 92.

Decision rationale: MTUS Chronic Pain Treatment Guidelines do not recommend the use of opioids for chronic pain. There is no documentation of significant functional benefit from previous narcotic use for the treatment of chronic pain in this patient that is documented in the records. MTUS Guidelines do not support the use of narcotic meds for chronic pain. Percocet not medically needed.

Trial Spinal cord stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulator Page(s): 105-106. Decision based on Non-MTUS Citation ODG Low Back Chapter.

Decision rationale: ODG guidelines for spinal cord stimulator not met. The patient has chronic back pain. The medical records do not indicate that this patient has exhausted conservative measures for back pain. There is no recent trial and failure of conservative measures to include a recent trial of physical therapy that is documented in the records. Also, There is no documentation of a psychiatric evaluation.

Pre-operative psychological evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulator Page(s): 105-106.

Decision rationale: MTUS criteria for spinal cord stimulator not met. There is no recent trial and failure of conservative measures to include PT. SCS treatment for patients who have significant low back pain symptoms remains experimental. Since MTUS criteria for SCS are not met, then pre-op psychiatric evaluation not met.