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| <b>Case Number:</b>   | CM15-0009362 |                              |            |
| <b>Date Assigned:</b> | 01/27/2015   | <b>Date of Injury:</b>       | 06/30/2009 |
| <b>Decision Date:</b> | 04/07/2015   | <b>UR Denial Date:</b>       | 12/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2015 |

### 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 54-year-old male sustained an industrial injury on June 30, 2009. He has reported injury to the lumbar spine. In 2010 he had a L4-S1 lumbar decompression and fusion. On 04/29/2011 he had a trial of spinal cord stimulation and subsequent placement of thoracic electrodes. The diagnoses have included post-laminectomy syndrome, and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included lumbar fusion, medications, radiology imaging, physical therapy, and neuro-stimulator leads implanted within the thoracic spine. Currently, the IW complains of low back pain due to painful hardware. The documentation does not explain how the hardware is painful and whether the pedicle screws or the spinal cord stimulator implants are concluded to be painful. Mention is made that the spinal cord stimulation system needs to be removed to allow for MRI scans to be done. The explanation of which part of the body is to be scanned and for what reason is not found in the documentation. The patient rates his pain as 10 out of 10 on a pain scale without medications, and 7 out of 10 with Nucynta and trazodone medications. According to the PR2 of 03/14/14 the patient felt the medications at their present dosages were not as effective. The PR2s of 2014 did not record extremity measurements to discern atrophy, provide muscle strengths to discern root level or sensory distribution to discern dermatomes. The lumbar spine exam showed well-healed surgical scars, and the patient demonstrates range of motion with forward flexion at 65 degrees, hyperextension 15 degrees, and a sitting straight leg raise test is positive. The degrees are not listed. A computed tomography scan of the lumbar spine dated September 18, 2013, reveals evidence of laminectomies, degenerative disc disease, and disc protrusion. On December 16, 2014,

Utilization Review non-certified explanation of SCS system with fluoroscopic guidance, and anesthesia, and magnetic resonance imaging, and other: complete blood count, comprehensive metabolic panel, prothrombin time, partial thromboplastin time, international normalizing ratio, and electrocardiogram, based on MTUS, Chronic Pain Medical Treatment guidelines. On December 22, 2014, the injured worker submitted an application for IMR for review of explanation of SCS system with fluoroscopic guidance, and anesthesia, and magnetic resonance imaging, and other.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Explantation or removal of SCS system with Fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion Chapter-Hardware removal.

**Decision rationale:** The ODG guidelines do not recommend routine removal of hardware. The guidelines do recommend removal of broken or infected hardware. Documentation is not provided to show the patient's hardware is broken or infected. Guidelines do indicate painful hardware may be explanted. Documentation does not provide evidence as how the SCS system is believed to be painful in this patient. Thus the requested treatment: Explantation or removal of SCS system with fluoroscopic guidance is not medically necessary or appropriate.

#### **"Associated Surgical Service" Anesthesia: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Management Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p. (26 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Explantation or removal of SCS system with fluoroscopic guidance is not medically necessary or appropriate, then the Requested Treatment: "Associated Surgical Service" Anesthesia is not medically necessary or appropriate.

**Decision rationale:** Since the requested treatment: Explantation or removal of SCS system with fluoroscopic guidance is not medically necessary or appropriate then the Requested Treatment: "Associated Surgical Service" Anesthesia is not medically necessary or appropriate.

#### **"Associated Surgical Service" CBC, CMP, PT, PTT, INR: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Management Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p. (26 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Explantation or removal of SCS system with fluoroscopic guidance is not medically necessary or appropriate then the Requested Treatment: "Associated Surgical Service" CBC, CMP, PT, PTT, INR is not medically necessary or appropriate.

**Decision rationale:** Since then the Requested Treatment: Explantation or removal of SCS system with fluoroscopic guidance is not medically necessary or appropriate then the Requested Treatment: "Associated Surgical Service" CBC, CMP, PT, PTT, INR is not medically necessary or appropriate.

**"Associated Surgical Service" EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Management Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p. (26 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Explantation or removal of SCS system with fluoroscopic guidance is not medically necessary or appropriate then the Requested Treatment: "Associated Surgical Service" EKG is not medically necessary or appropriate.

**Decision rationale:** Since the requested treatment: Explantation or removal of SCS system with fluoroscopic guidance is not medically necessary or appropriate then the Requested Treatment: "Associated Surgical Service" EKG is not medically necessary or appropriate.

**"Associated Surgical Service" MRI Plain: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Management Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p. (26 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Explantation or removal of SCS system with fluoroscopic guidance is not medically necessary or appropriate then the Requested Treatment: "Associated surgical service" MRI Plain is not medically necessary and appropriate.

**Decision rationale:** Since the requested treatment: Explantation or removal of SCS system with fluoroscopic guidance is not medically necessary or appropriate then the Requested Treatment: "Associated surgical service" MRI Plain is not medically necessary and appropriate.