MAXIMUS Federal Services

Case Number:	CM15-0018728		
Date Assigned:	02/09/2015	Date of Injury:	03/07/2011
Decision Date:	04/01/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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: California
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 55 year old male, who sustained an industrial injury on 03/07/2011. He has reported subsequent low back pain and headaches and was diagnosed with lumbar neural foraminal stenosis, retrospondylolisthesis of L3 on L4 and status post lumbar fusion. Treatment to date has included oral pain medication and surgery. In a progress note dated 12/03/2014, the injured worker complained of continued 3-5/10 low back pain radiating to the right side of the body associated with weakness along with headaches. Objective physical examination findings were notable for muscle spasm of the lumbar spine to palpation with tenderness and decreased and painful range of motion. CT of the lumbar spine showed lumbar bilateral neural foraminal stenosis with disc protrusion, retrospondylolisthesis, bilateral facet hypertrophy and compression of L4 and L5 nerve roots. A request for authorization of dorsal column stimulator placement with laminotomy and pre-surgical psychological clearance was made. On 12/30/2014, Utilization Review non-certified requests for spinal dorsal column stimulator surgery with laminotomy and pre-surgical psychological clearance, noting that guidelines do not support the need for laminotomy and that MTUS guidelines do not recommend performance of a pre-surgical psychological clearance prior to spinal cord stimulation trial. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal dorsal column stimulator by [redacted] with a laminotomy for paddle placement to be performed by by [redacted] as co-surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 83.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 105-107 states that it is recommended only for selected patients when less invasive procedures have failed or are contraindicated for specific conditions and when there is a successful temporary trial. Those conditions are as stated below. Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neuro-stimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate, Post herpetic neuralgia, 90% success rate. Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury) Pain associated with multiple sclerosis, Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. In this case, the exam note from 12/3/14 does not demonstrate the rationale why a laminotomy would be performed for a percutaneous trial. The patient does fit criteria for a spinal cord stimulator trial, as there is evidence of failed back syndrome. However, until the rationale for laminotomy is made clear, the determination is for non-certification.

Medical Clearance Pre-surgical Psychological Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal Cord Stimulators (SCS) Page(s): 83.

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.