MAXIMUS Federal Services

Case Number:	CM15-0137099		
Date Assigned:	07/27/2015	Date of Injury:	10/31/2007
Decision Date:	08/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/15/2015

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: Illinois, California, Texas
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:

This injured worker is a 60-year-old male who sustained an industrial injury on 10/31/07. Past medical history was positive for hypertension and obesity (body mass index 47). Past surgical history was positive for L5/S1 discectomy and fusion in December 2008, and subsequent removal of the right L5/S1 non-segmental instrumentation on 7/24/13. He was diagnosed with post lumbar laminectomy syndrome and failed back syndrome. He underwent spinal cord stimulator trial on 5/11/15. The 5/14/15 pain management report indicated that the injured worker was 3 days status post spinal cord stimulator trial. He was not sure that it was helpful. He found that it was positional and when he got up from a seated position, he felt the device "zaps." The Medtronic representative was present with analyze and reprogram the device. He will follow-up tomorrow to remove the trial leads. The 5/15/15 pain management report indicated that the injured worker was doing well with greater than 80% pain relief. He reported a reduction in pain grades from 8/10 to 2/10 with the use of the spinal cord stimulator and improved function. The 6/1/15 treating physician report indicated that the injured worker had undergone a spinal cord stimulator trial which was highly successful with significant reduction in pain. He described at least 24 hours of complete pain relief. Current complaints included grade 8-9/10 lower back pain radiating down the posterior aspect of the right lower extremity. He also reported neck and bilateral shoulder pain, and mid scapular and mid back pain. Physical exam documented antalgic gait, decreased right L3-S1 dermatomal sensation, patellar reflexes 1+ right and trace left, and absent Achilles reflexes. Motor function was intact. Straight leg raise was positive bilaterally. The diagnosis included chronic intractable pain status post L5/S1 discectomy and fusion. The injured worker had a significant decrease in pain with the spinal cord stimulator trial and had failed to improve with conservative care. Authorization was requested for a thoracic

spinal cord stimulator and implantable pulse generator placement, pre-operative medical clearance, and a pre-operative chest x-ray. The 6/26/15 utilization review non-certified the request for spinal cord stimulator implantation as the summary of efficacy was insufficient and lacked a specific reduction in pain and comment on functional improvement and medication reduction, if any.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic spinal cord stimulator and IPG (implantable pulse generator) placement
Preoperative medical clearance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/6173855.

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

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have been met. This injured worker experienced greater than 80% pain relief during the spinal cord stimulator trial, with pain reducing from grade 8/10 to 2/10. Improvement was reported in function. Given the positive response, proceeding with implantation is consistent with guidelines. Therefore, this request is medically necessary.

Preoperative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/content.aspx?id=48408.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, hypertension, body habitus, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Preoperative chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/content.aspx?id=48408.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Middle-aged males with large body habitus and hypertension have known occult increased cardiopulmonary risk factors to support the medical necessity of pre-procedure chest x-ray. Therefore, this request is medically necessary.