MAXIMUS Federal Services

Case Number:	CM15-0137150		
Date Assigned:	07/27/2015	Date of Injury:	08/28/2013
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
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 50-year-old female who sustained an industrial injury on 8/28/13. Injury occurred when she was walking in the school cafeteria, slipped on some milk, and fell landing on her left buttock. Past medical history was positive for asthma, tuberculosis, cerebrovascular accident, and abdominal disease following partial colectomy. She underwent a left L5/S1 decompression/discectomy on 1/7/14. The 4/2/14 lumbar spine MRI impression documented status post left sided laminotomy at L5. There was appeared to be a small amount of non-enhancing soft tissue in the ventral epidural space on the left side at L5/S1 that could represents a small disc protrusion resulting in mild canal and moderate left sided foraminal stenosis. There was mild to moderate canal and bilateral foraminal stenosis at L1/2 and L3/4. There was mild canal and mild to moderate bilateral foraminal stenosis at L2/3 and L4/5. Conservative treatment had included physical therapy, activity modification, spinal cord stimulator trial, and medications. She underwent a spinal cord stimulator trial on 9/24/14. According to the operative report, she had excellent coverage in the lower back and bilateral lower extremities. The leads were confirmed to be in place and the device reprogrammed with excellent coverage documented. The 10/13/14 primary treating physician report indicated that the injured worker underwent a five-day spinal cord stimulator trial that did not result in significant improvement and may have actually increased her radicular symptoms. The 4/28/15 treating physician report cited grade 6/10 low back, left lower extremity, and right knee pain. She had undergone a spinal cord stimulator trail but it was unclear whether the device was properly paced. She failed to obtain any significant relief. She was very sensitive to pain medications and muscle relaxants.

She had excessive drowsiness with anticonvulsants. Lumbar spine exam documented decreased range of motion, 3-4/5 left hip flexion/extension, and 4/5 knee flexion/extension. There was decreased sensation along the lateral right thigh and anterior left leg. Straight leg raise was positive on the left. She was prescribed Dilaudid 2 mg and Celebrex. The injured worker was requesting an interferential stimulator and a referral to a spine surgeon regarding her worsening low back pain. Authorization was requested for spinal cord stimulator trial to be performed with fluoroscopic guidance, interferential stimulator for purchase, and EMG/nerve conduction study (NCS) of the bilateral lower extremities. The 6/15/15 utilization review non-certified the request for a spinal cord stimulator trial as this would be a repeat trial with conflicting documentation relative to outcome. The request for an interferential stimulator purchase was non-certified as there was limited guidelines support and no documentation that a trial of interferential stimulation had been effective. The request for EMG/NCS was non-certified as there were conflicting neurologic exam findings, and a neurosurgical consult had been authorized and should be completed first.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCS trial to be performed with fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307,Chronic Pain Treatment Guidelines.

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 not been met. This injured worker underwent a spinal cord stimulator trial in September 2014. Records documented proper placement and coverage but no significant impingement. There is no compelling rationale to support the medical necessity of a second spinal cord stimulator trial. Therefore, this request is not medically necessary.

Interferential stimulator for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The California MTUS guidelines do not recommend interferential current (IFC) stimulation as an isolated intervention. Guidelines indicate that IFC is possibly appropriate if pain is ineffectively control due to diminished effectiveness of medications or due to medication side effects, there is a history of substance abuse, significant post-operative pain limits ability to perform exercise/physical therapy treatment, or the patient is unresponsive to conservative measures. If those criteria are met, then a one-month trial may be appropriate to study effects and functional benefit. Guideline criteria have not been met. There is documentation that this injured worker has multiple medication sensitivities and adverse medication reactions. She presents with persistent chronic pain and has failed conservative treatment. A one-month trial of interferential therapy may be supported to assess response in terms of pain reduction and functional benefit. However, this request is for purchase of an interferential unit which is not consistent with guidelines prior to a one-month trial and documentation of pain reduction and objective functional improvement. Therefore, this request is not medically necessary at this time.

EMG/NCS of bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; ACOEM Practice Guidelines Chapter 4 page 65.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

Decision rationale: The California MTUS ACOEM guidelines state that EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. EMG is not recommended for clinically obvious radiculopathy or for patients with acute, subacute or chronic back pain who do not have significant leg pain or numbness. Electrodiagnostic studies are recommended when imaging is equivocal and there are on-going pain complaints that raise questions about whether there may be a neurologic compromise. Guideline criteria have been met. This patient presents with persistent low back pain and radicular symptoms in the post-operative period. There are multilevel pathological changes noted in the lumbosacral spine. There is a compelling reason to support the medical necessity of electrodiagnostic testing when a diagnosis of radiculopathy has been established without definitive localization of same. Therefore, this request is medically necessary.