

Case Number:	CM15-0140559		
Date Assigned:	07/30/2015	Date of Injury:	10/20/1999
Decision Date:	09/01/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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 65 year old man sustained an industrial injury on 10-20-1999. The mechanism of injury is not detailed. Evaluations include lumbar spine x-rays dated 2-11-2014. Diagnoses include intractable low back pain and Parkinson's disease. Treatment has included oral medications and spinal cord stimulator trial. Physician notes on a PR-2 dated 7-9-2015 show complaints of low back pain rated 7-9 out of 10 with radiation to the bilateral lower extremities. Recommendations include permanent implantation of the spinal cord stimulator including two to four night stay at a hotel each time he is required to travel, Amitiza, Cymbalta, Mobic, Ambien, Baclofen, and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implantation of spinal cord stimulator paddle lead placement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, low back-lumbar and thoracic (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulation Page(s): 106.

Decision rationale: The California MTUS guidelines note that spinal cord stimulation is a last resort therapy. Documentation does not provide evidence this is the case for this beneficiary. The guidelines also note that a fifty % relief of pain would be the primary outcome measure of efficacy. Documentation does not provide evidence of the reduction in analgesics or improvement in functionality to warrant the implantation of the paddle leads. The requested Treatment: Implantation of spinal cord stimulator paddle lead placement is not medically necessary and appropriate.

Associated surgical services: Evaluation with a neurosurgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: 1 Night stay at hotel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Follow-up visits x 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Transportation to all follow-up visits (to and from) x 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.