

Case Number:	CM15-0160453		
Date Assigned:	08/26/2015	Date of Injury:	02/14/2007
Decision Date:	10/13/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 is a 37-year-old male who sustained an industrial injury on 02-14-2007 due to a motor vehicle accident. Diagnoses include displacement of lumbar intervertebral disc without myelopathy; degeneration of lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis, unspecified; and lumbosacral spondylosis without myelopathy. Treatment to date has included medications, sacroiliac joint (SIJ) injection, hip joint injection, surgery, physical therapy, epidural steroid injection, spinal cord stimulator (SCS) and activity modification. According to the progress notes dated 6-4-2015, the IW (injured worker) reported greater than 50% reduction in left hip pain with slight increase in activities of daily living after left SIJ injection and left hip injection on 5-15-2015. He reported continued low back pain rated 5 out of 10, described as stabbing, electrical and "prickly". His lowest pain was 5 out of 10 and his worst pain was 8 out of 10. The SCS previously helped control his leg pain. He had not been using it for about one year due to overstimulation even at the lowest setting. Multiple attempts at reprogramming were unsuccessful. The provider felt replacing the leads could resolve the problem and allow the IW to use the SCS; if unsuccessful, the SCS could be removed. Progress notes dated 1-12-2015 stated the battery was dead and the IW did not think the SCS was still working. Notes from 2-10-2015 stated the SCS was helpful controlling his leg pain. On examination, range of motion was decreased by about 75%. There was mild loss of lordosis and tender trigger points in the low lumbar areas bilaterally. There was also tenderness over the lower facet joints and minimally over the SIJ. The provider referenced the CT scan report from 11-21-2007, which showed healing sacral and L5 pedicle fractures with hardware fixation and

mild narrowing of the left L5-S1 foramen without nerve entrapment. An electrodiagnostic test from 10-10-2007 was also mentioned, which showed denervation within the left L5-S1 distribution. A request was made for, replacement of lumbar spinal cord stimulator leads, pre-op EKG and pre-op labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Pre-op EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of medical clearance. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: Pre-operative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in per-operative management. This patient has been requested to receive a pre-op EKG in anticipation of lead replacement surgery. The patient's surgery has not been approved and the requested preoperative tests are therefore not indicated. Therefore, based on the submitted medical documentation, the request for pre-op EKG is not-medically necessary.

Associated surgical services: Pre-op labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of medical clearance. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: Pre-operative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in peri-operative management. This patient has been requested to receive pre-op labs in anticipation of lead replacement surgery. The patient's surgery has not been approved and the requested preoperative labs are therefore not indicated. Therefore, based on the submitted medical documentation, the request for pre-op labs are not-medically necessary.

Replacement of lumbar spinal cord stimulator leads: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Spinal cord stimulators (SCS).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a procedure for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. Per the Occupational Disability Guidelines (ODG), spinal cord stimulators are only: "Recommended only for selected patients for specific conditions and in cases when less invasive procedures have failed or are contraindicated." The medical records fail to document this patient's response to this spinal cord stimulator when it was working properly. He has not used the stimulator for more than a year because he feels it is "too strong". Although the physical records indicate that office reprogramming attempts have failed, there is no indication that a manufacturer query has been performed to assess for software/hardware dysfunction. Therefore, based on the submitted medical documentation, the request for replacement of lumbar spinal cord stimulator leads is not-medically necessary.