

Case Number:	CM15-0165841		
Date Assigned:	09/03/2015	Date of Injury:	11/30/1983
Decision Date:	10/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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: Physical Medicine & Rehabilitation

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 was a 57 year old male, who sustained an industrial injury, November 30, 1983. The injured worker previously received the following treatments surgery and lumbar spine MRI. The injured worker was diagnosed with cervical herniated disc and lumbar herniated disc, status post L5-S1 disc fusion with hardware. According to progress note of July 10, 2015, the injured worker's chief complaint was low back pain. The injured worker reported being seen in the emergency room due to pain flare-up in the lower back. The pain started in the back and radiated into both legs. The current medications did not help in terms of the pain. The physical exam noted plantar-flexors and dorsi-flexors were weak bilaterally, 4 out of 5. There were significant paraspinal muscle spasms. The straight leg raises were positive bilaterally at 40 degrees. With generation of lower-back pain. The injured worker was awaiting surgical intervention of anterior and posterior L3 and L5 fusion and decompression. The treatment plan included percutaneous trail spinal cord stimulator (lead trail placement, fluoroscope, programming, epidurography, Mepivacaine, Cefazolin, Lidocaine, implantable neuro-stimulator electrode), lumbar spine MRI without contrast and thoracic MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous Trial SCS (lead trial placement, fluoroscope, programming, epidurography, mepivacaine HCL, cefazolin sodium, lidocaine, implantable neurostimulator electrode):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Spinal cord stimulators (SCS).

Decision rationale: The patient presents on 07/20/15 with lower back pain rated 6/10 which radiates into the bilateral lower extremities. The patient's date of injury is 11/30/83. Patient is status post anterior and posterior L5-S1 fusion with subsequent hardware removal on 09/23/13. The request is for Percutaneous Trial Scs (Lead Trial Placement, Fluoroscope, Programming, Epidurography, Mepivacaine Hcl, Cefazolin Sodium, Lidocaine, Implantable Neuromuscular Electrode). The RFA was not provided. Physical examination dated 07/20/15 reveals tenderness to palpation of the lumbar spine with trigger points noted, decreased deep tendon reflexes in the bilateral lower extremities, and otherwise intact sensation in the lower extremities. The patient is currently prescribed Levothyroxine. Patient's current work status is not provided. MTUS Chronic Pain Treatment Guidelines page 105 to 107, Under spinal cord stimulation, states, "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease. MTUS Psychological Evaluation section, page 101 states: "Recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial." Regarding the request for a spinal cord stimulator trial, the records do not include evidence of the required psychological consultation. Given this patient's chronic pain, significant surgical history, and the failure of conservative options to date, a spinal cord stimulator trial may be appropriate. However, without documentation that the required psychological evaluation is complete, the spinal cord stimulator trial cannot be initiated. Therefore, the request is not medically necessary.

MRI lumbar without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs (magnetic resonance imaging).

Decision rationale: The patient presents on 07/20/15 with lower back pain rated 6/10 which radiates into the bilateral lower extremities. The patient's date of injury is 11/30/83. Patient is status post anterior and posterior L5-S1 fusion with subsequent hardware removal on 09/23/13. The request is for MRI Lumbar Without Contrast. The RFA was not provided. Physical

examination dated 07/20/15 reveals tenderness to palpation of the lumbar spine with trigger points noted, decreased deep tendon reflexes in the bilateral lower extremities, and otherwise intact sensation in the lower extremities. The patient is currently prescribed Levothyroxine. Patient's current work status is not provided. MTUS/ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." Official Disability Guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: Indications for imaging - Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1-month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In regard to the request for a repeat MRI of the lumbar spine, the treater has not provided evidence of progressive neurological deficit. Per progress note dated 07/20/15, this patient underwent a lumbar MRI post operatively on 12/17/13. The progress note associated with this request, dated 07/20/15, does include some evidence of reduced deep tendon reflexes in the lower extremities, though neurological function and sensation is otherwise intact in the lower extremities. There is no discussion of re-injury, progressive neurological deficit, or other "red flags" which would warrant repeat imaging. Without documentation of progressive neurological deficit or other red flags indicative of significant injury or decline in this patient's condition, repeat imaging cannot be substantiated. The request is not medically necessary.

MRI thoracic without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under MRIs.

Decision rationale: The patient presents on 07/20/15 with lower back pain rated 6/10 which radiates into the bilateral lower extremities. The patient's date of injury is 11/30/83. Patient is status post anterior and posterior L5-S1 fusion with subsequent hardware removal on 09/23/13. The request is for MRI Thoracic Without Contrast. The RFA was not provided. Physical examination dated 07/20/15 reveals tenderness to palpation of the lumbar spine with trigger points noted, decreased deep tendon reflexes in the bilateral lower extremities, and otherwise intact sensation in the lower extremities. The patient is currently prescribed Levothyroxine. Patient's current work status is not provided. MTUS/ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) states: Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy,

sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In regard to the request for an MRI of the thoracic spine, the treater has not provided evidence of neurological deficit. Per progress note dated 07/20/15, the provider states the reason for the request: "MRI of the thoracic and lumbar spine to rule out herniated nucleus pulposus versus facet syndrome." No examination findings indicative of nerve root compromise in the thoracic spine are included, as the examination focuses primarily on the lumbar spine and lower extremities. While there are subjective complaints of numbness and radiating pain the lower extremities, physical examination does not reveal and decreased sensation or "red-flag" indicators of specific nerve compromise, or provide any evidence of progressive neurological deficit in the thoracic dermatomes. Guidelines do not support MRI imaging simply to differentiate between herniated nucleus pulposus and facet syndrome, and require documentation of progressive neurological deficit. Without such findings, the requested imaging cannot be substantiated. Therefore, this request is not medically necessary.