

Case Number:	CM15-0181433		
Date Assigned:	09/22/2015	Date of Injury:	12/01/1999
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 56 year old female who sustained an industrial injury on 12-1-99. The active problem list is noted as numbness, low back pain, lumbar post-laminectomy syndrome, and lumbar radiculitis. In a progress report dated 8-20-15, the physician notes she has had several falls in the last month. She went to the ER after one, because she hit her head. She was approved for aquatic therapy, has completed 6 visits, and notes she feels like that has helped with strength and she has not fallen as much. It is noted she was approved for surgery but would rather do the spinal cord stimulator trial instead of more back surgery. Pain is in the low back with radiation to the left leg with associated numbness and tingling in the leg and is rated at 8-9 out of 10 without medications. Pain is rated 6-7 out of 10 with medications. Pain is made worse by walking, bending, lifting, and better with medications and lying down. Her gait is antalgic. There is tenderness over the lumbar paraspinals, increased pain with flexion and a positive straight leg raise on the left. Sensation is diminished in the left lateral foot. No current medication prescriptions are on file. Electrodiagnostic studies were done; showing a left L5 and S1 radiculitis. A lumbar MRI was done 4-18-15. It is noted she has had 2 surgeries and has continued pain, has tried and failed lumbar epidural steroid injections, and has done aquatic therapy with improvement in strength but pain persists. The requested treatment of six aquatic therapy sessions, one spinal cord stimulator trial, one psych clearance for spinal cord stimulator, and one electrodiagnostic study was non-certified on 9-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) aquatic therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, it appears the patient has improved somewhat from the aquatic therapy provided. The requesting physician indicated that the patient has not fallen as frequently as before. Additionally, due to the history of falls, aquatic therapy would be preferred to land-based therapy until the patient's fall risk is reduced. As such, the currently requested aquatic therapy is medically necessary.

One spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Regarding the request for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, it does not appear that all invasive procedures have failed, as the requesting physician is currently asking for additional diagnostic workup and recommending proceeding with aquatic therapy. Furthermore, there is no documentation that the patient has undergone a successful psychological clearance evaluation. In the absence of such documentation, the currently requested spinal cord stimulator trial is not medically necessary.

One psych clearance for spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Spinal cord stimulators (SCS).

Decision rationale: Regarding the request psych clearance for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, it does not appear that all invasive procedures have failed, as the requesting physician is currently asking for additional diagnostic workup and recommending proceeding with aquatic therapy. As such, the currently requested psych clearance for spinal cord stimulator trial is not medically necessary.

One electrodiagnostic studies: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Nerve conduction studies (NCS).

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, Electrodiagnostic Studies.

Decision rationale: Regarding the request for electrodiagnostic studies, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, it appears that the patient has previously undergone electrodiagnostic testing. It is unclear why repeat studies would be needed. Additionally, it is unclear what studies are being requested as the request is simply for "electrodiagnostic studies," with no distinction regarding EMG, NCV, or any description of which extremities are to be tested. In the absence of such documentation, the currently requested electrodiagnostic studies are not medically necessary.