

Case Number:	CM15-0189941		
Date Assigned:	10/02/2015	Date of Injury:	07/13/2010
Decision Date:	11/13/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/28/2015

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, Montana

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:

The injured worker is a 67 year old male, who sustained an industrial injury on 7-13-2010. The injured worker is undergoing treatment for: low back pain, sacroiliac joint inflamed, chronic pain syndrome, lumbosacral spondylosis without myelopathy, lumbar post laminectomy syndrome. On 9-15-15, he reported low back pain with radiating pain to the buttocks, legs and thighs down to the ankles. He rated his pain 8 out of 10 and indicated it interferes with his activities of daily living. He indicated with medications he is able to do minimal activities outside the house, and simple chores at home; without medications he is able to do minimal activities at home. Physical examination revealed an antalgic gait, tenderness and pain with lumbar range of motion, psychiatric examination within normal limits. The treatment and diagnostic testing to date has included: medications, urine drug screen (9-15-15), lumbar fusion (November 2010), lumbar laminectomy (2010), drug detoxification rehabilitation (date unclear), lumbar spine x-ray (7-19-11, 11-23-11, and 2-19-15), lumbar spine magnetic resonance imaging (2-19-15), CT scan of the lumbar spine (4-21-11), psychological evaluation (July 2015). Medications have included: oxycontin, methadone, norco. Current work status: permanent and stationary. The request for authorization is for: spinal cord stimulator (SCS) lead placement trial. The UR dated 9-23-2015: non-certified the request for SCS trial implantation of neurostimulator, SCS with programming of generator, implant of 16 neurostimulator electrodes, removal of electrodes at completion of the trial, IV sedation for procedure, up to one hour fluoroscopy for guidance during SCS placement trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCS trial implantation of neurostimulator: Upheld

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

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

Decision rationale: The ODG guidelines note that recent history of drug abuse is a contraindication for SCS. Documentation shows methamphetamine use in August 2015. The requested treatment: SCS trial implantation of neurostimulator is not medically necessary and appropriate.

SCS with programming of generator: 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 Chapter- Spinal cord stimulation (SCS).

Decision rationale: The ODG guidelines note that recent history of drug abuse is a contraindication for SCS. Documentation shows methamphetamine use in August 2015. The requested treatment: SCS with programming of generator is not medically necessary and appropriate.

Implant of 16 neurostimulator electrodes: 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.

Removal of electrodes a completion of the trial: 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 service: IV sedation for procedure: 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 service: Up to one hour fluoroscopy for guidance during SCS placement trial: 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.