

Case Number:	CM15-0197232		
Date Assigned:	10/13/2015	Date of Injury:	10/23/2009
Decision Date:	11/23/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/07/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 injured worker is a 51-year-old female who sustained an industrial injury on 10/23/09. Injury occurred relative to repetitive pushing of a flour mill paddle at work with her right foot. Past medical history was positive for hypertension, asthma, hypercholesterolemia, and right upper back melanoma. She underwent right L5/S1 laminectomy, foraminotomy and fusion in 2012, and had been diagnosed with failed back surgery syndrome. The 9/17/15 treating physician report cited persistent right low back pain radiating into the right buttock with cramping in the right lower leg and numbness of the outer calf. Pain was worse with prolonged standing or sitting, and arching backwards. Pain ranged from 6-9/10. Conservative treatment had included transforaminal epidural steroid injection, facet injections, physical therapy, medications, and activity modification. Physical exam documented flattening of the normal lumbar lordosis, bilateral facet and sacroiliac joint tenderness, sciatic notch tenderness, and right piriformis tenderness. She had difficulty standing on her toes and heels on the right side. Neurologic exam was within normal limits. The diagnosis included chronic pain syndrome, lumbar post- laminectomy syndrome,-failed back syndrome with chronic pain, lumbosacral spondylosis without myelopathy, and sacroiliitis. Tramadol and Methocarbamol were refilled. The injured worker was scheduled for a spinal cord stimulator trial. The 9/24/15 procedure report indicated that the injured worker had completed a 4-day spinal cord stimulator trial with overall 75% pain relief, 25% reduction in medications, and improved sleep. The injured worker had moderate variability of stimulation during the trial in different positions indicated that a surgical lead would be more appropriate. A thoracic MRI was required by the surgeon to assess

the depth of the epidural space to avoid spinal cord compression with the lead. Authorization was requested for permanent spinal cord stimulator implantation and thoracic spine MRI. Authorization was requested for permanent spinal cord stimulator implantation with surgical lead and a thoracic spine MRI. The 10/1/15 utilization review certified the request for spinal cord stimulator. The request for MRI of the thoracic spine was non-certified as there were no indications of a thoracic spine injury, red flags that would warrant thoracic imaging, or guidelines to support the use of MRI to determine spinal cord stimulator implant placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Thoracic Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mammis A, Bonsignore C, Mogilner AY. Thoracic radiculopathy following spinal cord stimulator placement: case series. *Neuromodulation*. 2013 Sep-Oct; 16 (5): 443-7; discussion 447-8. DOI: 10.1111/ner.12076. Epub 2013 May 17.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for thoracic MRI prior to spinal cord stimulator implantation. Mammis et al concluded that pre-operative thoracic spine MRI may be helpful in identifying patients who may be susceptible to thoracic radiculopathy following spinal cord stimulator lead placement. This injured worker presents with a diagnosis of failed back surgery syndrome. She has undergone a successful spinal cord stimulator trial with documentation of moderate variability of relief relative to position. Permanent implantation has been certified. The surgeon requires a pre-operative thoracic MRI to assess the depth of the epidural space to avoid spinal cord compression with the lead. This request is supported by current peer-reviewed literature. Therefore, this request is medically necessary.