

<b>Case Number:</b>	CM15-0199997		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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

Certification(s)/Specialty: Anesthesiology

### 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 49 year old female, who sustained an industrial injury on 3-18-2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar failed back syndrome, neuralgia, neuritis, and radiculitis, and other acquired deformity of the ankle and foot with left foot drop. On 8-24-2015, the injured worker reported severe low back and neck pain with numbness and pain down the left lower extremity. The Primary Treating Physician's report dated 8-24-2015, noted the injured worker received about 80% pain relief from the caudal injection lasting only a day, with pain medications helping her functionality getting approximately 30-40% relief with the medications. The physical examination was noted to show the injured worker with an antalgic gait using a cane, with positive left straight leg raise, and anterior lumbar spine flexion causing pain. The injured worker was noted to have progressively worse left leg hypoesthesia L5 and S1 from visit to visit. Prior treatments and evaluations have included a caudal epidural steroid injection (ESI) on 8-17-2015 noted to be ineffective, 2 lumbar surgeries, Amitriptyline, and an electromyography (EMG) that revealed bilateral S1 radiculopathy. The treatment plan was noted to include continued Norco, Oxycontin, Meloxicam, Tizanidine, and Valium, and a spinal cord stimulator (SCS) as the injured worker had a Medtronic DVD in the past. The request for authorization dated 9-21-2015 requested a spinal cord stimulator (SCS) trial times 2 leads, pre-op clearance history and physical, pre-op EKG, pre-op chest x-ray, and pre-op labs. The Utilization Review (UR) dated 9-29-2015, non-certified the requests for a spinal cord stimulator (SCS) trial times 2 leads, pre-op clearance history and physical, pre-op EKG, pre-op chest x-ray, and pre-op labs.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Spinal cord stimulator trial times 2 leads:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal cord stimulator (SCS).

**Decision rationale:** According to the ODG, a spinal cord stimulator (SCS) is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated.

There is some evidence supporting the use of spinal cord stimulation for failed back surgery syndrome and other selected chronic pain conditions. In recent years it has been met with widespread acceptance and recognition by the medical community. The enhanced design of electrodes, leads, and receivers/stimulators has substantially decreased the incidence of re-operations for device failure. In addition, the introduction of the percutaneous electrode implantation has enabled trial stimulation, which is now commonly recognized as an indispensable step in assessing whether the treatment is appropriate for individual patients. However, there is no specific documentation indicating the need for a spinal cord stimulator in this case. In addition, a psychological evaluation would have to be completed, per guideline criteria. Medical necessity for a SCS has not been established. The SCS is not medically necessary.

### **Pre-op clearance history and physical:** 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:** According to the ODG, pre-operative testing (e.g., medical clearance with history and physical exam, chest radiography, electrocardiography, laboratory testing) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative tests should be guided by the patient's clinical history, co-morbidities, and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Since the proposed procedure (SCS trial x 2 leads) is not medically necessary, none of the associated services, including a pre-op clearance, are medically necessary.

### **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:** According to the ODG, pre-operative testing (e.g., chest radiography, electrocardiography, laboratory testing) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative tests should be guided by the patient's clinical history, co-morbidities, and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Since the proposed procedure (SCS trial x 2 leads) is not medically necessary, none of the associated services, including a pre-op clearance, are medically necessary.

**Pre-op Chest X-Ray:** 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:** According to the ODG, pre-operative testing (e.g., chest radiography, electrocardiography, laboratory testing) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative tests should be guided by the patient's clinical history, co-morbidities, and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Since the proposed procedure (SCS trial x 2 leads) is not medically necessary, none of the associated services, including a pre-op clearance, are medically necessary.

**Pre-op labs:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pre-operative Testing.

**Decision rationale:** According to the ODG, pre-operative testing (e.g., chest radiography, electrocardiography, laboratory testing) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order pre-operative tests should be guided by the patient's clinical history, co-morbidities, and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Since the proposed procedure (SCS trial x 2 leads) is not medically necessary, none of the associated services, including a pre-op clearance, are medically necessary.