

Case Number:	CM15-0207293		
Date Assigned:	10/26/2015	Date of Injury:	09/13/2001
Decision Date:	12/31/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/21/2015

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:

This injured worker is a 76 year old male, who sustained an industrial injury on 09-13-2001. The injured worker was diagnosed as having post laminotomy pain syndrome and chronic pain syndrome. On medical records dated 08-19-2015, the subjective complaints were noted as low back pain and radiation to bilateral lower extremities. Objective findings were noted as analgic stiff and uses a cane to assist with ambulation. A positive straight leg raise and Lasegue bilaterally was noted. Tenderness to palpation through the lumbar musculature with decreased range of motion was noted and decreased strength was noted as well in the lower extremity. Treatments to date included medication. The provider recommended a spinal cord stimulator trial. Current medications were listed as Norco, Lexapro, Nexium and Percocet. The Utilization Review (UR) was dated 10-08-2015. A Request for Authorization submitted. The UR submitted for this medical review indicated that the request for preoperative echocardiogram, preoperative labs, preoperative medical clearance and spinal cord stimulation trial was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Medical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

Decision rationale: In this request, this is associated with a request for a spinal cord stimulator trial. Typically these trials are done under monitored anesthetic care or IV conscious sedation. In some instances, no sedation is utilized. However, since the SCS trial is not recommended, this request is not medically necessary.

Preoperative Labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Preoperative lab testing.

Decision rationale: In this request, this is associated with a request for a spinal cord stimulator trial. Typically these trials are done under monitored anesthetic care or IV conscious sedation. In some instances, no sedation is utilized. The expected blood loss or cardiac risk for this type of anesthesia is low. Thus need for preoperative lab testing is reserved for special circumstances, which have not been identified in the records. Furthermore, since the SCS trial is not recommended, this request is not medically necessary.

Preoperative Echocardiogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date Online, Transthoracic Echocardiography.

Decision rationale: Regarding the request for echocardiography, the CA MTUS, ACOEM, and ODG do not address this issue. An online evidence-based database is cited which specify the following: "Transthoracic echocardiography (TTE) is the primary noninvasive imaging modality for quantitative and qualitative evaluation of cardiac anatomy and function. Two-dimensional TTE provides tomographic or "thin slice" imaging, with each tomographic view defined by the transducer position (parasternal, apical, subcostal, suprasternal) and view (long axis, short axis, four-chamber, five-chamber)." In this injured worker, there is no identification of any significant cardiac past medical history. The requested procedure, a spinal cord stimulator trial, is anticipated to be low risk for cardiovascular complications. Additionally, since the procedure is not approved, this request is not medically necessary.

Spinal Cord Stimulation trial: Upheld

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

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 is not clear that all reasonable less invasive procedures have been trialed. Currently it is noted that the patient takes Percocet and Norco, but it is unclear whether any neuropathic pain medications have been tried and failed. The patient carries a diagnosis of lumbar post-laminotomy syndrome, but it is not clear whether and when the patient last had an epidural injection to help with pain. Without this information, the currently requested spinal cord stimulator trial is not medically necessary.