MAXIMUS Federal Services

Case Number:	CM15-0021092		
Date Assigned:	02/10/2015	Date of Injury:	03/07/2011
Decision Date:	05/05/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/03/2015

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:

The injured worker is a 55-year-old male who sustained an industrial injury on 3/7/11. Past surgical history was positive for a 2-stage L4/5 and L5/S1 fusion and removal of an artificial disc on 1/21/13 and 1/23/13. Past surgical history was positive for a cerebral aneurysm bleed with vascular procedures on 4/10/13 and 4/11/13, with residual right sided weakness with associated numbness and tingling. The 5/28/14 treating physician report cited tenderness over the pedicle screws with a subsequent hardware block on 8/29/14 providing no relief of pain. The 12/3/14 CT scan findings documented multilevel degenerative disc disease. At L4/5, there was an interbody fusion prosthesis in satisfactory position with right neuroforaminal stenosis and borderline compression of the right L4 nerve root due to a right lateral interforaminal disc protrusion and small right posterior osteophyte. At L5/S1, there was an interbody fusion prosthesis in satisfactory position with grade 1 spondylolisthesis of L5 on S1 that does not cause significant canal stenosis. There was bilateral neuroforaminal stenosis with borderline compression of the right L5 nerve root dues to the spondylolisthesis and posterior osteophytes. The 12/3/14 neurosurgeon report cited on-going lower back pain rated 3-5/10 with episodes of radiation along the right sided with weakness. The patient was intolerant to Lyrica therapy. Physical exam documented 3+ muscle spasms, and tenderness over the post-surgical pedicle screws at the L4/5 and L5/S1 levels. There was limited and painful lumbar range of motion with positive Minor's sign. Sensation and strength were reported normal. The patient was prescribed a 6-day Medrol dose pak and authorization was requested for dorsal column stimulator on a trial basis with a laminotomy for paddle placement. The 12/22/14 treating physician report cited continued low

back pain with radiating numbness and tingling to the bilateral lower extremity that increased with bending, stooping, sitting, and standing activities. Pain was reduced with rest, home exercise program, and medications. Pain was reported grade 6/10 without medications, and 3-4/10 with medications. Medication use resulted in functional benefit including ability to perform activities of daily living, improved participation in home exercise program, improved sleep pattern, and improvement participation in therapy. The neurosurgeon had recommended a lumbar spinal cord stimulator. Lumbar exam documented tautness/tenderness over the bilateral paravertebral muscles and lumbosacral junction with associated muscle spasms and guarding. There was decreased range of motion and increased pain in all planes, decreased sensation over the bilateral L5 and S1 dermatomal distribution, and positive bilateral straight leg raise with numbness and tingling along the bilateral L5 and S1 nerve root distribution. The treatment plan recommended continued home care 12 hours a day, 7 days per week for 6 weeks, and transportation to and from all appointments. There was a pending authorization for gym member with pool access. Referral for psyche clearance for spinal cord stimulator was requested. Medications were prescribed to include Norco, Voltaren, Topamax, Prilosec, and Ambien. Referral to pain management for consideration of lumbosacral spinal cord stimulator trial was requested. The 1/5/15 utilization review denied the request for spinal dorsal column stimulator with laminotomy for paddle placement, and the medical necessity of the laminotomy was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal dorsal column stimulator with laminotomy for paddle placement by Dr. Randy Rosen and co-surgeon Dr. Lanman: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been met. This patient presents with chronic low back and radicular symptoms. However, there is no detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure. Pain reduction was documented with medications, home exercise program, and rest. There is plausible imaging evidence of nerve root compression in the post-operative period that does not appear to be fully addressed. A psychological clearance for spinal cord stimulator trial is not evidenced. Additionally, there is no clear rationale presented to support the medical necessity of laminotomy for the requested trial. Therefore, this request is not medically necessary.