

Case Number:	CM15-0210442		
Date Assigned:	10/29/2015	Date of Injury:	12/26/2000
Decision Date:	12/21/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/26/2015

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: Minnesota, Florida
 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 36 year old female who sustained an industrial injury on 12-26-2000. Medical records (07-29-2014 through 08-26-2015) indicated the worker was treated for low back pain radiating to the lower left side. Her diagnoses (08-26-2015) include Facet arthropathy, Lumbar, Radiculopathy, and Post laminectomy lumbar syndrome. According to the preoperative psychological screening(03-24-2015), past treatments have included two fusion surgeries, injections, acupuncture, Detox, Chiropractic care, Physical therapy, and over the counter medications. Her current psychological issues include depression and anxiety with sleep of only 4 hours. No psychoses or bipolar diagnoses were present, and she had no past history of suicide attempts. She denied substance abuse issues, and reported occasional alcohol intake and occasional marijuana use. She was found to be cognitively intact and possessing intellectual resources to understand the procedure, associated risks and benefits and behavioral changes required to maintain the device. She has the ability to participate in her own decision making about health issues. The worker's pain is not psychological in origin. She appeared motivated to participate actively in her care, and was willing to have her pain medication reduced prior to her trial. On physical exam (08-26-2015), she is seen in follow-up of the spinal cord stimulator trial. She had tenderness in the paraspinal muscles without spasm, and tenderness to palpation over the lower spinal process. There was bilateral tenderness to the lumbar facets with positive facet loading. She had decreased range of motion in all planes. Strength was intact in all Myotomes and sensations were intact in all dermatomes. According to provider notes of 08-26-2015, the trial provided greater than 80 percent relief of pain as well as increased function-specifically

greater tolerance for standing and walking. The treatment plan included a request for a permanent spinal cord stimulator, medications, and release to full duty at work. A request for authorization was submitted for: 1. Implantation of a permanent spinal cord stimulator, lumbar spine. 2. Associated surgical service: MRI, Lumbar spine. 3. Associated surgical service: MRI, thoracic spine. A utilization review decision 09-25-2015 non-certified the request in its entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Implantation of a permanent spinal cord stimulator, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The injured worker is a 36-year-old individual with lumbar post-laminectomy syndrome and facet arthropathy. There was tenderness over the facets and decreased range of motion. Straight leg raising was positive at 60 degrees on the left. Deep tendon reflexes were symmetrical. A lumbar MRI without contrast dated October 5, 2015 is noted. The clinical history was back pain with bilateral radiculopathy, greater on the left with numbness in the left foot. The conclusion was posterior fusion of L3-L5 with laminectomy defects at L4, focal 2 mm left paracentral extrusion at L3-4 without mass effect on surrounding structures, 2 mm central protrusion at L5-S1 and multilevel facet arthropathy. No nerve root impingement was documented. Although the progress notes document low back and leg pain, they are nonspecific with regard to the location of the leg pain and the severity of leg pain as compared to back pain. A request for spinal cord stimulator trial was certified on September 24, 2015 and reported 80 percent pain relief. The documentation indicates the trial commenced on August 19, 2015. A subsequent request for spinal cord stimulator was noncertified because the diagnosis did not include Failed Back Surgery Syndrome and Complex Regional Pain Syndrome Type I. The guidelines recommend spinal cord stimulation for selected patients in cases where less invasive procedures have failed or are contraindicated for specific conditions such as Failed Back Surgery Syndrome and Complex Regional Pain Syndrome Type I. A review of the medical records indicates the diagnosis of postlaminectomy syndrome and facet arthropathy. This is associated with pain and tenderness over the facets and decreased range of motion. Despite the success of the trial, the guidelines report only 40-60 percent success at 5 years and recommend careful patient selection after failure of less invasive procedures. The documentation does not indicate medial branch blocks have been performed as a diagnostic test to see if the pain is originating from the facet arthropathy above and below the spinal fusion that is noted on the imaging studies. In light of the above, the request for spinal cord stimulator is not supported and the medical necessity of the request has not been substantiated. The request is not medically necessary.

Associated surgical service: MRI, Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: MRI, thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back- Lumbar & Thoracic (Acute and Chronic), MRIs.

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.