MAXIMUS Federal Services

Case Number:	CM15-0214896		
Date Assigned:	11/05/2015	Date of Injury:	11/12/2012
Decision Date:	12/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/02/2015

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:

This injured worker is a 46 year old female, who sustained an industrial injury on 11-12-2012. The injured worker was diagnosed as having lumbar radiculopathy and displacement of lumbar intervertebral disc without myelopathy. On medical records dated 04-13-2015 and 05-11-2015, the subjective complaints were noted as lumbar left hip and lumbar spine. Pain was noted to radiate from back to left leg and sharp pain was noted when walking. Pain was rated a 7-8 out of 10. Objective findings were not noted. Treatment to date included lumbar epidural steroid injections. Urine laboratory studies were performed on 06-04-2015. MRI of the lumbar spine on 02-26-2015 revealed at L4-L5 mild disk narrowing, posterior disk bulge with posterior central annular tearing, mild narrowing of the bilateral recesses were noted, midline thecal sac appear normal, bilateral neural foramen were patent and the disk, thecal sac and neural foramina appear normal at all other levels. Current medications were not listed on 04-13-2015 and 05-11-2015. The Utilization Review (UR) was dated 10-02-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for spinal cord stimulator trial with 2 leads, and pre-operative clearance history and physical, and laboratories was non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator trial with 2 leads: 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: The injured worker is a 46-year-old female with low back and bilateral lower extremity pain. The date of injury is 11/12/2012. The available documentation does not indicate failed back surgeries or complex regional pain syndrome. The current request is for a spinal cord stimulator. The available documentation indicates a low back injury from lifting 7 boxes of syrup weighing approximately 30 pounds or more. She then attended 24 sessions of physical therapy with no benefit. In 2013 she underwent an MRI study and surgery of the left hip was performed on 2/6/2014. The procedure consisted of left hip arthroscopy, labral debridement and femoral neck osteoplasty. In October 2014 she received an epidural steroid injection into her lower back. Another epidural steroid injection was given on 2/2/2015. Documentation from 5/11/2015 indicates that she had received 2 lumbar epidural steroid injections both of which relieved her pain by more than 50%. The MRI was said to reveal a disc bulge at L4-5 level but no herniations were documented. EMG and nerve conduction studies dated 3/20/2015 were negative. California MTUS chronic pain treatment guidelines indicate spinal cord stimulators are recommended for selected patients in cases when less invasive procedures have failed or are contraindicated for specific conditions including failed back surgery syndrome and complex regional pain syndrome type I. In this case, the documentation does not indicate the presence of these 2 conditions. As such, the medical necessity of the spinal cord stimulator is not established.

Pre-Operative Clearance History & Physical: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Laboratories: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.