MAXIMUS Federal Services

Case Number:	CM15-0033175		
Date Assigned:	02/26/2015	Date of Injury:	01/15/1999
Decision Date:	05/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/23/2015

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: Oregon, California
Certification(s)/Specialty: Neurological 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 66-year-old female who reported an injury on 12/22/1999. The mechanism of injury was not specifically stated in this case. The current diagnoses include status post L3-S1 fusion, right L4 foraminal stenosis, L2-3 disc degeneration, right leg radiculopathy, bilateral sacroiliac joint dysfunction, and malpositioned spinal cord stimulator lead. The latest Physician's Progress Report submitted for this review is documented on 01/20/2015. The injured worker presented with complaints of ongoing lower back pain with radiation into the bilateral buttock region. The provider had previously recommended bilateral sacroiliac joint blocks. The requested joint blocks were not authorized and were ultimately not performed. The injured worker had recently been treated with a lumbar epidural steroid injection. The injured worker reported 7/10 pain with significant right sided leg pain and numbness. Upon examination, there was a normal gait, no evidence of weakness when walking, tenderness over the sacroiliac joints bilaterally, 5/5 motor strength, negative straight leg raise, positive pelvic distraction test, positive thigh thrust test, and positive Fortin test. Recommendations at that time included bilateral sacroiliac joint blocks with arthrogram, revision spinal cord stimulator, postoperative physical therapy 3 times per week for 6 weeks, preoperative medical clearance and chest x-ray, and preoperative education and consent signing. The injured worker also underwent a random urine toxicology screening to verify medication compliance.
There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon for authorized revision of spinal cord stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Surgical Assistant.

Decision rationale: The Official Disability Guidelines recommend a surgical assistant as an option in more complex surgeries. In this case, a spinal cord stimulator placement is not considered a complex procedure. Therefore, the medical necessity for a surgical assistant has not been established in this case. As such, the request is not medically necessary.