MAXIMUS Federal Services

Case Number:	CM15-0057740		
Date Assigned:	04/02/2015	Date of Injury:	03/25/2009
Decision Date:	05/08/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 03/25/2009. She reported a back injury. The injured worker is currently diagnosed as having lumbar spine radiculopathy, fibromyalgia, failed lumbar back syndrome, lumbosacral spondylosis without myelopathy, and sacroiliitis. Treatment to date has included lumbar spine MRI, lumbar fusion, acupuncture, injections, and medications. In a progress note dated 02/05/2015, the injured worker presented with complaints of chronic low back pain which radiates into her right lower extremity. The treating physician reported requesting authorization for spinal cord stimulator trial with associated preoperative services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op EKG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EKG. Decision based on Non-MTUS Citation ACC/AHA Guidelines on Peri-operative Cardiovascular Evaluation and Care for Non-cardiac Surgery.

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

Decision rationale: The 56 year old patient complains of chronic back pain radiating into her right lower extremity along with pain in the SI joint area, as per progress report dated 02/05/15. The request is for PRE-OP EKG. The RFA for this case is dated 02/05/15, and the patient's date of injury is 03/25/09. Diagnoses included lumbar radiculopathy, fibromyalgia/myositis, lumbar failed back syndrome, lumbosacral spondylosis, and sacroiliitis. The patient is taking Oxycodone for pain relief and is not working, as per the same progress report. ODG guidelines, chapter 'Lower Back Lumbar & Thoracic' (acute & chronic) and topic 'Preoperative electrocardiogram (ECG)', state that Preoperative ECG is recommended for patients with known CHD, peripheral arterial disease, or cerebrovascular disease The guideline also states: Patients undergoing low-risk surgery do not require electrocardiography. In this case, none of the progress reports discuss the request for pre-op EKG. However, as per progress report dated 02/05/15, the treating physician is requesting for spinal cord stimulator trial, and the request for EKG is possibly related to this request. The physician, nonetheless, does not document the patient's risk for cardiovascular illnesses. It is not clear if the patient has been authorized for SCS trial or not. Furthermore, ODG guidelines do not support the electrocardiography in patients undergoing low-risk surgery. Hence, the request IS NOT medically necessary.

Spinal cord stimulator trial with 2 leads for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation psychological evaluation Page(s): 105-107, 100-101.

Decision rationale: The 56 year old patient complains of chronic back pain radiating into her right lower extremity along with pain in the SI joint area, as per progress report dated 02/05/15. The request is for SPINAL CORD STIMULATOR WITH 2 LEADS FOR THE LUMBAR SPINE. The RFA for this case is date 02/05/15, and the patient's date of injury is 03/25/09. The patient is status post past lumbar fusion at L4-5 and L5-S1, as per progress report dated 02/05/15. Diagnoses included lumbar radiculopathy, fibromyalgia/myositis, lumbar failed back syndrome, lumbosacral spondylosis, and sacroiliitis. The patient is taking Oxycodone for pain relief. The patient is not working, as per the same progress report. MTUS Guidelines page 105 to 107 states that spinal cord stimulation is Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial. Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. MTUS page 101 states that psychological evaluation is recommended pre-intrathecal drug delivery systems and spinal cord stimulator trial. In this case, the treating physician is requesting for a spinal cord stimulator trial in progress report dated 02/05/15 as the patient has had continued radicular pain, and has failed multiple treatments. MTUS guidelines, however, require a psychological evaluation before SCS trial.

There is not documentation provided to indicate that the patient has received a psychological evaluation. Hence, the physician's request IS NOT medically necessary.

Pre-op chest x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X-ray.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Lower Back Chapter, Preoperative testing, general.

Decision rationale: The 56 year old patient complains of chronic back pain radiating into her right lower extremity along with pain in the SI joint area, as per progress report dated 02/05/15. The request is for PRE-OP CHEST X-RAY. The RFA for this case is date 02/05/15, and the patient's date of injury is 03/25/09. The patient is status post past lumbar fusion at L4-5 and L5-S1, as per progress report dated 02/05/15. Diagnoses included lumbar radiculopathy, fibromyalgia/myositis, lumbar failed back syndrome, lumbosacral spondylosis, and sacroiliitis. The patient is taking Oxycodone for pain relief. The patient is not working, as per the same progress report. ODG guidelines, chapter 'Lower Back Lumbar & Thoracic' (acute & chronic) and topic 'Preoperative testing, general', state Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. In this case, none of the progress reports discuss the request for pre-op chest x-ray. However, as per progress report dated 02/05/15, the treating physician is requesting for spinal cord stimulator trial, and the request for chest x-ray is possibly related to this request. Nonetheless, the physician does not document the patient's risk of cardiopulmonary illnesses. Additionally, the patient has not been authorized for SCS trial. Hence, the request IS NOT medically necessary.