

Case Number:	CM15-0081563		
Date Assigned:	05/04/2015	Date of Injury:	12/24/2009
Decision Date:	06/04/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/28/2015

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: New York

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 52 year old male, who sustained an industrial injury on 12/24/09. He reported back pain. The injured worker was diagnosed as having chronic pain, post laminectomy syndrome, back pain, altered sensation of skin, lumbar degenerative disease, muscle spasm, history of drug abuse, and current use of medications. Treatment to date has included acupuncture, oral medications including opioids, spinal surgery, injections, physical therapy and home exercise program. Currently, the injured worker complains of continued back pain. Physical exam noted radiation of pain to both feet. A request for authorization was submitted for spinal cord stimulator implant, (MRI) magnetic resonance imaging of thoracic spine, pain management and functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: 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.

Pain management evaluation (second opinion) for the lumbar spine: 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.

Spinal cord stimulator implant: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305-307.

Decision rationale: The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating, lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The patient's PR2 indicated he had aching pain in his back and legs. Documentation indicated attempts to get the spinal leads to advance up the thoracic canal were thwarted. The patient has not weaned off opioids. The guidelines note the patient would have failed a trial of conservative therapy. Documentation does not contain details of such therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Spinal cord stimulator implant is NOT Medically necessary and appropriate.

Associated surgical service: Magnetic resonance imaging (MRI) of the thoracic spine: 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.