MAXIMUS Federal Services

Case Number:	CM14-0122365		
Date Assigned:	09/16/2014	Date of Injury:	01/07/1999
Decision Date:	10/17/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neurocritical Care and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old male with a 1/7/1999 date of injury. The patient slipped and fell on top of a hard meter box breaking his low back. The diagnoses included thoracic spine sprain and strain, chronic severe low back pain and lumbar radiculopathy. A 6/25/2014 progress report documented that the patient had low back pain rated at 7/10. The current medications were Lunesta, Xanax, Soma, Dilaudid, and Viagra. A 6/16/2014 progress report documented that the patient had thoracic and low back pain. The pain was a sharp stabbing pain into the low back radiating down the lower extremities. The pain in the lower extremities was burning, lancinating, and an electrical type. He underwent lumbar laminectomy and discectomy at L4-L5 and L5-S1 on 3/30/2001, lumbar fusion in 2004, and removal of hardware in 2008. He had an intrathecal pump implanted in 2010 that was explanted due to infection. In 2011, he had a spinal cord stimulation (SCS) implant that was explanted because of lead migration and it no longer worked. He had a dual lead SCS trial on 6/6/2013 and he had 50-60% relief of pain in the low back and lower extremities. He did not utilize any of his narcotic analgesics during this time. He was able to sit, stand and walk for longer periods of time. Clinically, the patient had moderate bilateral thoracic paraspinous tenderness with 1+ palpable muscle spasm. The patient had 2 SCS leads in place. A 5/6/2014 magnetic resonance imaging of the lumbar spine documented post-surgical changes with posterior decompression and laminectomy. There was solid ankylosis at L4, L5 and S1. The most prominent findings were tightening of the lateral recesses at L3-L4, more prominent on the right than the left. This could affect traversing roots. A urine drug screen dated 5/18/2014, 4/15/2014, and 12/16/2013 showed inconsistent results. Treatment has included lumbar epidural steroid injections, facet injections, radiofrequency ablation, aquatic therapy, and chiropractic therapy. He had a motorized scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Spinal Cord Stimulator Implant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS), Page(s): 101, 105-107.

Decision rationale: The California MTUS criteria for permanent SCS placement include at least one previous back operation and patient is not a candidate for repeat surgery; symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. The patient continues to have thoracic and low back pain rated at 7/10 with radiation to the lower extremities. The patient has had a trial with SCS on 6/6/2013 with a 50-60% pain relief. He was able to stop his narcotic analgesics and was able to sit, stand and walk longer. He has failed back surgeries and is not a candidate for repeat surgery. He has failed conservative therapies. Although this information support an SCS implantation, the guidelines states that there should be no evidence of substance abuse. All the UDS submitted were inconsistent with the medications being taken by the patient. This shows a pattern of possible substance abuse. There is no current UDS to show compliance with medications. The guidelines also state that there should be a psychological clearance but there is no documentation of any psychological clearance done for the SCS implantation. Given the lack of this important information, a thoracic spinal cord stimulator implant is not medically necessary.

EKG: Upheld

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

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, Preoperative electrocardiogram (ECG) Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in

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

Preoperative Labs: (PT, INR, PTT, UA): Upheld

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

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, Preoperative lab testing Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patie

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