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| Case Number: | CM14-0123975 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 08/22/1995 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a remote history of a work injury occurring on 03/20/95 when, while working as a pharmacy technician and moving medical charts she had sharp neck and back pain. Treatments included lumbar epidural injections, medications, weekly Toradol injections, and cortisone injections every 6-8 months. She returned to work but stopped working in September 2000. She underwent multiple lumbar spine surgeries. On 06/20/11 imaging results had shown adjacent segment degeneration with stenosis. An L2-3 decompression and fusion was recommended. She underwent surgery on 09/16/11. Medications were Prilosec, Fentora 600mcg #28, Ambien, Benadryl, Detrol LA, Lidoderm, Lunesta, Lyrica, MS Contin 60 mg every eight hours, MSIR 15 mg four times per day, phentermine, Relpax, Soma 350 mg two times per day, Xanax, Zantac, and Zoloft. The claimant uses a scooter for mobility and has a chair lift. She is being considered for a functional restoration program or further interventional care such as a spinal cord stimulator or intrathecal pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator trial #1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal cord stimulators (SCS)

Decision rationale: The claimant has a remote history of a work-related injury with treatments including multiple lumbar spine surgeries, most recently in September 2011. She continues to be treated with a diagnosis of failed back surgery syndrome. A spinal cord stimulator is recommended for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions that include failed back surgery syndrome and following a successful temporary trial. Failed back surgery syndrome is an unfortunate condition that occurs in a small subset of patients who undergo sometimes multiple spine surgeries/procedures as in this case but ultimately have a poor outcome as in this case. The claimant would, if found to be effective during a trial, be considered as a candidate for a permanent spinal cord stimulator and therefore a spinal cord stimulator trial is medically necessary.

Left S1 joint injection #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline: Hip and Pelvis Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196-197.

Decision rationale: The claimant has a remote history of a work-related injury with treatments including multiple lumbar spine surgeries, most recently in September 2011. She continues to be treated with a diagnosis of failed back surgery syndrome. Guidelines recommend against sacroiliac joint injections for subacute or chronic nonspecific low back pain, including pain attributed to the sacroiliac joints, without evidence of inflammatory sacroiliitis (rheumatologic disease). In this case, there is no evidence by imaging or lab testing or by history of an inflammatory spondyloarthropathy and therefore the requested left sacroiliac joint injection is not medically necessary.