

Case Number:	CM14-0142208		
Date Assigned:	09/12/2014	Date of Injury:	03/26/2008
Decision Date:	10/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 42-year-old male who is reported to have sustained injuries to his low back on 03/28/06. On this date it is reported that the injured worker slipped on oil while inspecting a van. He ultimately underwent an L5-S1 fusion on 06/29/09. Postoperatively, he developed failed back surgery syndrome and underwent implantation of a spinal cord stimulator on 12/25/10. Records indicate that the injured worker was continued on oral medications while receiving spinal cord stimulation. The injured worker subsequently developed an infection and the spinal cord stimulator was explanted on 10/04/11. The claimant then underwent implantation of an intrathecal pump on 04/30/12. The records reflect that the injured worker receives monthly pump refills of Hydromorphone, Clonidine, and Droperidol. The clinical notes indicate that the injured worker receives substantial benefit from the intrathecal pump and does not take any additional oral narcotics or muscle relaxants. The record contains a utilization review determination dated 07/30/14 in which requests for preoperative labs, a chest x-ray, EKG, nasal PCR test for MRSA, and spinal cord stimulator implantation were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op labs to include comprehensive metabolic panel, CBC, hemoglobin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules

, California Official Medical Fee Schedule, 1999 edition, pages 92-93; Institute for Clinical Systems Improvement (ICSI. Preoperative evaluation.

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, Preoperative Labs.

Decision rationale: The submitted clinical records indicate the injured worker previously has undergone spinal cord stimulation without clear benefit. The injured worker continued to be maintained on oral medications while receiving stimulation suggesting a less than optimal outcome. The stimulator was subsequently explanted secondary to infection. The claimant is documented as having significant benefit from his current Intrathecal pump. Given that the spinal cord stimulator implantation is not medically necessary this request for preoperative labs to include comprehensive metabolic panel, CBC, and hemoglobin is not supported as medically necessary.

1 Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI. Preoperative evaluation.

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, Preoperative testing, general

Decision rationale: The submitted clinical records indicate the injured worker previously has undergone spinal cord stimulation without clear benefit. The injured worker continued to be maintained on oral medications while receiving stimulation suggesting a less than optimal outcome. The stimulator was subsequently explanted secondary to infection. The claimant is documented as having significant benefit from his current Intrathecal pump. Given that the spinal cord stimulator implantation is not medically necessary this request for a Chest X-ray is not supported as medically necessary.

1 EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI. Preoperative evaluation.

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, Preoperative, EKG.

Decision rationale: The submitted clinical records indicate the injured worker previously has undergone spinal cord stimulation without clear benefit. The injured worker continued to be

maintained on oral medications while receiving stimulation suggesting a less than optimal outcome. The stimulator was subsequently explanted secondary to infection. The claimant is documented as having significant benefit from his current Intrathecal pump. Given that the spinal cord stimulator implantation is not medically necessary this request for preoperative EKG is not supported as medically necessary.

1 Nasal PCR test for MRSA: 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 Chapter, Preoperative testing, general.

Decision rationale: The submitted clinical records indicate the injured worker previously has undergone spinal cord stimulation without clear benefit. The injured worker continued to be maintained on oral medications while receiving stimulation suggesting a less than optimal outcome. The stimulator was subsequently explanted secondary to infection. The claimant is documented as having significant benefit from his current Intrathecal pump. Given that the spinal cord stimulator implantation is not medically necessary this request for preoperative nasal PCR test for MRSA is not supported as medically necessary.

1 Spinal Cord Stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107 of 127.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Spinal Cord Stimulators.

Decision rationale: The submitted clinical records indicate the injured worker has previously undergone spinal cord stimulation without clear benefit. The injured worker continued to be maintained on oral medications while receiving stimulation suggesting a less than optimal outcome. The spinal cord stimulator was subsequently explanted secondary to infection. The claimant is documented as having significant benefit from his current Intrathecal pump. As such, the efficacy of the prior device is not established and replantation is not medically necessary.