MAXIMUS Federal Services

Case Number:	CM14-0146406		
Date Assigned:	09/12/2014	Date of Injury:	10/03/2007
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/09/2014

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 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 injured worker is a 44 year old female who reported an injury on 10/03/2007 due to a fall. The injured worker had diagnoses of neck pain, cervical stenosis, and cervical myelopathy. Past medical treatment included medications, surgery, physical therapy, and spinal cord stimulator system analysis with reprogramming trial 07/16/2014. Diagnostic testing included x-rays of the cervical spine which were performed on 01/10/2014, an MRI of the cervical spine which was performed on 06/26/2014 and revealed post-surgical changes at C3-C6, status post decompression and fusion, there is spinal canal stenosis seen at C5-C7 associated with prominent tissue along the left posterolateral spinal canal at the laminectomy sites. The injured worker underwent cervical laminoplasty of C3-C6, cervical discectomy, and fusion. The injured worker underwent a lumbar spinal cord stimulator trial and had excellent results per the provider's note dated 07/23/2014. The injured worker stated the lumbar spine was feeling significantly better but she continued to have cervical pain. The physical examination revealed lumbar spine range of motion was full and without pain. Medications were not provided. The treatment plan was for 1 pre-operative laboratory works and 1 spinal cord stimulator implant. The rationale for the request was not provided. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pre-operative laboratory works: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Low Back Chapter, Preoperative Lab Testing

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 Testing, General

Decision rationale: The request for 1 Pre-operative laboratory works is not medically necessary. The Official Disability Guidelines note preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no indication that the injured worker has significant comorbidities for which preoperative laboratory monitoring would be indicated. The submitted request does not indicate the specific preoperative tests being requested; therefore, the medical necessity of the preoperative laboratory work cannot be established. There is a lack of documentation that supports the pre-operative criteria. Therefore the request is not medically necessary.

1 Spinal Cord Stimulator Implant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 105-106.

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

Decision rationale: The request for Spinal Cord Stimulator Implant is not medically necessary. The injured worker underwent a lumbar spinal cord stimulator trial and had excellent results per the provider's note on 07/23/2014. The injured worker stated lumbar spine if feeling significantly better but continues to have cervical pain. The California MTUS guidelines state "spinal cord stimulator implant is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial." Spinal cord stimulator implant is recommended as a treatment option for adults with chronic neuropathic pain lasting at least 6 months despite appropriate conventional medical management, and who have had a successful trial of stimulation. There was documentation that stated the injured worker had an excellent response to the spinal cord stimulator trial; however, there is a lack of documentation of significant objective functional improvement with the trial as well as decreased medication usage. Therefore the request for Spinal Cord Stimulator Implant is not medically necessary.