

<b>Case Number:</b>	CM14-0147329		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	01/05/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Orthopedic Surgery 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:

This is a 50 year old female with a 1/5/2007 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/20/14 noted subjective complaints of severe bilateral lower back pain radiating down both legs. Objective findings included diffuse lumbar tenderness, 4/5 motor strength bilateral lower extremities. Sensation to light touch was intact. A psychological evaluation 8/12/14 cleared the patient for the spinal cord stimulator procedure. It specifically noted that the patient appears to have realistic expectations and does not appear to have a drug or alcohol problem. Diagnostic Impression: failed back syndrome Treatment to Date: L4 to S1 decompression and fusion, medication management A UR decision dated 9/6/14 denied the request for spinal cord stimulator trial. The validity of the psychological clearance was reviewed. It also denied pre-op medical clearance with internist, chest x-ray, labs, and EKG. There was no specific rationale provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, spinal cord stimulation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG (Pain Chapter spinal cord stimulator)

**Decision rationale:** 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; and there is no current evidence of substance abuse issues. The patient has had multiple surgeries and has had psychological clearance for the requested modality. However, in the documents provided for review, there is no clear documentation of failure of non-interventional care such as neuroleptic agents, analgesics, injections, or physical therapy. Therefore, the request for spinal cord stimulator trial was not medically necessary.

**Pre-op medical clearance with internist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back chapter- pre-op medical clearance

**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 - lumbar & thoracic (acute & chronic) chapter - pre operative EKG and lab testing Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

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

**Pre-op chest x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back chapter- pre-operative 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 - lumbar & thoracic (acute & chronic) chapter - pre operative EKG and lab testing Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

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

**Pre-op labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back chapter, criteria for pre-operative 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 - lumbar & thoracic (acute & chronic) chapter - pre operative EKG and lab testing Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

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

**Pre-op EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back chapter- criteria for preoperative electrocardiogram (ECG)

**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 - lumbar & thoracic (acute & chronic) chapter - pre operative EKG and lab testing Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

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