

Case Number:	CM14-0151971		
Date Assigned:	09/22/2014	Date of Injury:	03/05/2007
Decision Date:	10/28/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/17/2014

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 Spine Surgeon, 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 43-year-old female who reported injury on 03/05/2007 due to the performing her normal duties. The injured worker has diagnoses of facet arthropathy of lumbar spine, failed back surgery, lumbago and herniated disc of the lumbar spine. Past medical treatment consists of surgery, medical branch blocks, radiofrequency ablation, physical therapy, aquatic therapy, neuro consultations, and medication therapy. Medications include naproxen, orphenadrine, Topamax, and omeprazole. On 05/17/2013, the injured worker underwent an MRI of the lumbar spine which revealed L5-S1 minimal grade anterolisthesis and mild bilateral neural foraminal narrowing. On 07/31/2014, the injured worker complained of low back pain. It was noted on physical examination that the injured worker had a pain rate of 8/10. Lumbar examination revealed a decrease in flexion. Her vertebral muscles were tender to palpation throughout the lumbar spine. There was no tenderness at the sacroiliac joint. Lumbar facet loading was positive at the left L3-4 and L4-5. Straight leg raise was positive bilaterally. Slump test and Fabere's test were negative bilaterally. It was noted on sensation that lower extremity was decreased at L4, L5, and S1 dermatomes. Motor muscle strength was 5/5 in all planes. The treatment plan is for the injured worker to undergo a trial of spinal cord stimulation, and continue the use of medications. Additionally, the provider feels that the renewal of a gym membership would benefit the injured worker. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Stimulator (SCS) Trial Quantity: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

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

Decision rationale: The request for spinal cord stimulator trial is not medically necessary. The California MTUS Guidelines state that implantable spinal cord stimulators are rarely used and should be reserved for injured workers with low back pain for more than 6 months duration and who have not responded to the standard non-operative or operative interventions. Indications for the use of stimulator implantation are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury dysesthesias, and pain associated with multiple sclerosis as well as peripheral vascular disease. The guidelines recommend spinal cord stimulators for patients who have undergone at least 1 previous back operation and who are not a candidate for repeat surgery with symptoms of primarily lowered extremity radicular pain, a psychological clearance, no current evidence of substance abuse issues and no contraindications to a trial. Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after the temporary trial period. The submitted documentation had evidence of failed back surgery. However, there was no indication or evidence of failed conservative treatment. There was also a lack of physical examination findings. Additionally, the included documentation lacked evidence of a psychological clearance, indicating realistic expectations and clearance for the procedure, and there was current evidence of addressing substance abuse issues. Given the above, the injured worker is not within the recommended guidelines. As such, the request for Spinal Cord Stimulator Trial is not medically necessary.

Pre-operative clearance for SCS trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported. Pre-operative clearance for SCS trial is therefore; not medically necessary

Keflex 500mg capsules QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/antibiotics.html>

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported. Therefore, Keflex is not medically necessary.

Renewal of gym membership for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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, GYM Membership

Decision rationale: The request for renewal of gym membership for 6 months is not medically necessary. The Official Disability Guidelines recommend exercise as a part of a dynamic rehabilitation program, but note that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Exercise treatment needs to be monitored and administered by medical professionals. There was no submitted documentation of a failed a home exercise or that the injured worker needed a specific equipment that would be supported of the medical necessity for a gym membership. The submitted documentation also lacked evidence of functional improvements from previous gym participation. Given the above, the injured worker is not within Official Disability Guidelines criteria. As such, the request for Renewal of Gym Membership for 6 months is not medically necessary.