

Case Number:	CM14-0217725		
Date Assigned:	01/07/2015	Date of Injury:	01/05/2010
Decision Date:	03/06/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 64 year old male with the injury date of 01/05/10. Per physician's report 11/20/14, the patient has lower back pain at 3/10. The patient continues to experiences bilateral leg pain. The patient has had lumbar epidural injections, chiropractic treatment and physical therapy. The patient is currently taking Motrin, gabapentin, Lisinopril, Tramadol, Flexeril, Aspirin and Mobic. The lists of diagnoses are: 1) Postlaminectomy syndrome of lumbar region. 2) Spinal stenosis of lumbar region. 3) Lumbago Per 10/28/14 progress report, the patient has low back pain, radiating down his legs bilaterally. His best pain is 1/10, worse pain is 9/10 and current pain is 3/10. MRI of the lumbar spine without & with contrast from 11/06/14 reveals 1) postoperative changes 2) moderately severe central stenosis at L4-5. Lumbar spine, AP & lateral with flexion and extension (4views) from 11/06/14 reveals 1) minimal loss of anterior T11, T12 and L1 with marked anterior spurring 2) grade 1 retrolisthesis of L1 on L2, L2 on L3 and L3 on L4 3) mild disc space narrowing with end plate sclerosis at L2-3. The utilization review determination being challenged is dated on 12/04/14. Two treatment reports were provided on 10/28/14 and 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient presents with pain and weakness in his lower back and his legs bilaterally. The patient is s/p lumbar laminectomy in 2011 and repeat laminectomy with removal of synovial cyst in 2012. The request is for MRI OF THE THORACIC SPINE W/O DYE. The review of the reports indicates that the patient has had a MRI of the thoracic spine on 11/20/14 but the result was not provided. ACOEM Guidelines page 177 to 178 list the criteria for ordering imaging studies which include emergency of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior surgery or procedure. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence toward imaging studies if symptoms persist. In this case, none of the reports show any red flag signs, sensory deficits or nerve dysfunction. There are no reports of new injury or trauma that would warrant the need of an updated MRI. The treater has asked for an updated MRI for spinal cord stimulator trial but the requested trial has been denied. There is no discussion in the guidelines regarding an MRI prior to spinal cord stimulator trial. The request IS NOT medically necessary.

Psyche evaluation and treatment: 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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The patient presents with pain and weakness in his lower back and his legs bilaterally. The patient is s/p lumbar laminectomy in 2011 and repeat laminectomy with removal of synovial cyst in 2012. The request is for PSYCHE EVALUATION AND TREAT. The treater requested it for spinal cord stimulator (SCS) trial. MTUS guidelines page 100-102 recommends Psychological evaluations. Psychological evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment thus allowing for more effective rehabilitation. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient had 2 back surgeries with persistent chronic pain for which a SCS trial may be indicated. MTUS page 101 does recommend psychological evaluation prior to SCS trial. However, the current request is not only

for an evaluation but treatment as well. The treater does not explain what and how many treatments from psychology. The request IS NOT medically necessary.

Spinal cord stim trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American Society of Interventional Pain Physicians

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulator).

Decision rationale: The patient presents with pain and weakness in his lower back and his legs bilaterally. The patient is s/p lumbar laminectomy in 2011 and repeat laminectomy with removal of synovial cyst in 2012. The request is for SPINAL CORD STIMULATION (SCS) TRIAL. The treater requested it because the patient has significant pain in his back and legs. He would need redo laminectomy multilevel fusion L3-4 and L4-5 if SCS trial fails. MTUS Guidelines page 105 to 107 states: recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial. Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease. In this case, the patient had 2 back surgeries with persistent chronic pain for which a SCS trial may be indicated. MTUS page 101 does recommend psychological evaluation prior to SCS trial. However, there is yet a psychological evaluation with a clearance. The requested psychological evaluation AND "treatment" could not be considered due to the request containing "treatment" which could not be defined. The current request for SCS trial cannot be considered until there is a formal psychological evaluation with clearance. The request IS NOT medically necessary.