

Case Number:	CM15-0026940		
Date Assigned:	03/19/2015	Date of Injury:	10/19/2006
Decision Date:	05/27/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/12/2015

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: Oregon, California
 Certification(s)/Specialty: Neurological Surgery

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 55-year-old male who reported an injury on 10/19/2006. The mechanism of injury was the injured worker was lifting and carrying cabinets when experienced low back pain. The diagnoses included thoracic or lumbosacral neuritis or radiculitis. The injured worker underwent electrodiagnostic testing of the lumbar spine on 01/23/2014, which revealed no evidence of lumbosacral radiculopathy. The features of the electrodiagnostic examination were compatible with diffuse peripheral neuropathy. The MRI of the thoracic spine on 11/04/2014 revealed there were mild to moderate multilevel degenerative facet joint changes, include degenerative facet joint changes at T9-10 contributing to a symmetric narrowing of the right neural foramen. There was no evidence of high-grade spinal canal narrowing at any level within the thoracic spine. The injured worker underwent multiple MRIs and surgical interventions for the lumbar spine. There was a Request for Authorization submitted for review dated 01/22/2015. The documentation of 12/08/2014 revealed the injured worker had an MRI of the thoracic and lumbar spine. The documentation indicated the injured worker had been having ongoing pain in the right buttocks with some sciatic pain. The greatest pain was in his feet at night, where he was noted to do well with a stimulator trial. The discussion was made to perform a T10 laminectomy and a spinal cord stimulator implant with IPG implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

T10 Laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The injured worker is a 55-year-old male who reported an injury on 10/19/2006. The mechanism of injury was the injured worker was lifting and carrying cabinets when experienced low back pain. The diagnoses included thoracic or lumbosacral neuritis or radiculitis. The injured worker underwent electrodiagnostic testing of the lumbar spine on 01/23/2014, which revealed no evidence of lumbosacral radiculopathy. The features of the electrodiagnostic examination were compatible with diffuse peripheral neuropathy. The MRI of the thoracic spine on 11/04/2014 revealed there were mild to moderate multilevel degenerative facet joint changes, include degenerative facet joint changes at T9-10 contributing to a symmetric narrowing of the right neural foramen. There was no evidence of high-grade spinal canal narrowing at any level within the thoracic spine. The injured worker underwent multiple MRIs and surgical interventions for the lumbar spine. There was a Request for Authorization submitted for review dated 01/22/2015. The documentation of 12/08/2014 revealed the injured worker had an MRI of the thoracic and lumbar spine. The documentation indicated the injured worker had been having ongoing pain in the right buttocks with some sciatic pain. The greatest pain was in his feet at night, where he was noted to do well with a stimulator trial. The discussion was made to perform a T10 laminectomy and a spinal cord stimulator implant with IPG implant.

Spinal Cord Stimulator Implant with IPG Implant: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS).

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

Decision rationale: The California MTUS Guidelines recommend a spinal cord stimulator placement when there has been a successful temporary trial. The documentation submitted for review indicated the injured worker underwent a successful spinal cord stimulator trial. However, there was a lack of documentation of objective pain relief and objective functional improvement with the use of the spinal cord stimulator. Given the above, the request for a spinal cord stimulator implant with IPG implant is not medically necessary.

Inpatient Stay (4-days): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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