

Case Number:	CM15-0075207		
Date Assigned:	04/27/2015	Date of Injury:	12/02/1987
Decision Date:	05/27/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/20/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 71-year-old male who sustained an industrial injury on 12/2/87. Injury occurred when he tripped over a curb and injured his knee. Past medical history was positive for asthma, hypertension, chronic obstructive pulmonary disease, Past surgical history was positive for lumbar surgeries in 2001 and 2001 with L2/3, L4/5 and L5/S1 fusion, spinal cord stimulator implant 2003, right total knee arthroplasty in 2011, and spinal cord stimulator and generator explant in 2014. Records indicated that the 11/11/14 lumbar spine MRI showed pedicle screws at the L2 and L3 fusion, and no hardware at the L5/S1 fusion with holes for pedicle screws noted. The cervical MRI showed a C5/6 disc protrusion. The 3/2/15 treating physician report cited constant lumbosacral pain radiating to the top o his feet with burning. Pain was 3/10 at best with medications and at worst 10/10. HE reported pain was worse with standing, sleeping, and walking. Psychological testing was negative for depression. Urine drug screens were consistent. Physical exam documented moderate loss of lumbar range of motion, normal gait, pain over the lumbosacral junction, positive bilateral straight leg raise, 4/5 left dorsiflexion and plantar flexion, intact sensation, and normal upper extremity and absent lower extremity deep tendon reflexes. The treating physician reported that the patient had a spinal cord stimulator implanted in 2003 for post-lumbar laminectomy syndrome and it "overrode" the pain most of the time. The injured worker was taking Norco and gabapentin with benefit but he was in AA and concerned about hydrocodone addiction. The spinal cord stimulator had been explanted for a lumbar MRI to be performed. Authorization was requested to replace the spinal cord stimulator. He was performing a home exercise program. The 4/13/15 utilization review non-certified the request for spinal cord

stimulator replacement and associated pre-operative procedures as there was no clear indication why the spinal cord stimulator and generator had been removed and what he wanted to replace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of spinal cord stimulator QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

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

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have been met. This injured worker has been using a spinal cord stimulator since 2003 with documentation of good pain reduction. The spinal cord stimulator was removed in 2014 to allow for MRIs of the cervical and lumbar spine. Request for replacement has been made for control of persistent pain. Concerns are noted regarding addiction to hydrocodone as he is in AA. Therefore, this request is medically necessary.

Pre-operative procedures unspecified QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Although basic pre-op procedures may be indicated for this 71-year-old male prior to anesthesia, the medical necessity of the non-specific request cannot be established. Therefore, this request is not medically necessary.