MAXIMUS Federal Services

Case Number:	CM15-0094710		
Date Assigned:	05/20/2015	Date of Injury:	05/23/2012
Decision Date:	07/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/15/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year old male sustained an industrial injury to the low back on 5/23/12. Previous treatment included computed tomography, magnetic resonance imaging, lumbar fusion and medications. Magnetic resonance imaging lumbar spine (1/16/15) showed postsurgical changes at L4-5 with anterior and posterior fusion and instrumentation at L4-5 and L5-S1 as well as minimal degenerative changes at L3-4 with minimal canal stenosis. Computed tomography lumbar spine (3/10/15) showed lumbar fusion with normal alignment with no residual or recurrent disc herniation or significant spinal stenosis at L4-5 and L5-S1 as well as disc bulge, bilateral facet arthropathy and mild central stenosis at L3-4. SPECT bone scan (3/10/15) was normal with no evidence of hardware failure. In a PR-2 dated 3/12/15, the injured worker complained of low back pain with radiation to the thigh that worsened with walking. Physical exam was remarkable for 4/5 lower extremity strength. Current diagnoses included lumbar fusion. The treatment plan included a spinal cord stimulator trial and topical cream. On 3/19/15, a request for authorization was submitted for a pain management evaluation and a return visit with [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Evaluation/Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The injured worker sustained a work related injury on 5/23/12. The medical records provided indicate the diagnosis of lumbar fusion. Treatments have included lumbar fusion and medications. The medical records provided for review do not indicate a medical necessity for Spinal Cord Stimulator Trial. The medical records indicate the injured worker has failed back surgery syndrome, the injured worker has failed conservative treatment including physical therapy, therefore; the worker has been referred to pain management for spinal Cord Stimulator Trial. The referral to pain management is not appropriate at this stage, because the MTUS recommends psychological evaluation prior to Spinal Cord Stimulator Trial. The request is not medically necessary.

Spinal Cord Stimulator Trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Spinal Cord Stimulator Trial. The medical records indicate the injured worker has failed back surgery syndrome, the injured worker has failed conservative treatment including physical therapy. The MTUS does not recommend Spinal Cord Stimulator Trial unless after successful psychological evaluation. The request is not medically necessary.

Return Visit [redacted]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office Visit.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Office Visit.

Decision rationale: The medical records provided for review do indicate a medical necessity for Return Visit [redacted]. The injured worker has a failed back syndrome; the injured worker was referred to pain management for Spinal Cord Stimulator Trial, but this has been determined not to be medically necessary since criteria was not met. Nevertheless, the injured worker continues to have medical problems related to this injury. Therefore, though the MTUS recommends Physician follow-up can occur when a release to modified-, increased-, or full-duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working, the MTUS also recognizes that the patient may have

other concerns besides the listed, which would require physician follow. Furthermore, the Official Disability Guidelines recommends that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In summary, the injured worker was given a referral but the referral was determined not to be medically necessary at this stage; nevertheless the injured worker still needs to follow up with the physician for appropriate care. The request is medically necessary.