

Case Number:	CM15-0094978		
Date Assigned:	05/21/2015	Date of Injury:	06/29/2006
Decision Date:	07/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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 injured worker is a 39-year-old male, who sustained an industrial injury on 6/29/06. The injured worker has complaints of lower back and left groin pain and headaches. The documentation noted that he injured worker reported that midrin has been effective in the past of his headaches. The diagnoses have included status post L5-S1 (sacroiliac) posterior lumbar interbody fusion, 5/8/10; left hip and groin pain and multiple sclerosis, industrially related. Treatment to date has included inpatient detoxification program and was able to wean himself off neurontin and percocet; injections; acupuncture; physical therapy; magnetic resonance imaging (MRI) of the brain on 4/3/12 showed new flare hyper intense lesion in the right centrum semiovale white matter and left dorsal medulla; magnetic resonance imaging (MRI) of the lumbar spine on 6/3/11 reveals postoperative fusion at L5-S1 (sacroiliac), a 2-3 millimeter central right-sided disc protrusion abutting the right S1 (sacroiliac) nerve root and electromyography study on 2/23/10 reveals a right L5 and S1 (sacroiliac) radiculopathy. The request was for percutaneous electrical nerve stimulation (PENS), 4 sessions; midrin, #60 (unknown dose); evaluation for a [REDACTED] (functional restoration) program and spinal cord stimulator re-trial utilizing the nevo high frequency system in the lateral gutter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous electrical nerve stimulation (PENS), 4 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, under PENS.

Decision rationale: The patient presents with pain in the left groin, lower thoracic wall and rib cage. The request is for PERCUTANEOUS ELECTRICAL NERVE STIMULATION (PENS), 4 SESSIONS. The request for authorization is dated 04/02/15. The patient is status-post L5-S1 interbody fusion, 05/08/10. MRI of the brain, 09/17/09, shows a 12mm hypodense signal with differential considerations including subacute infarcts/vasculitis, inflammatory versus demyelinating process and neoplasm. Updated MRI, 04/03/12, shows new flare hyper intense lesion in the right centrum semiovale white matter and in the left dorsal medulla. Physical examination of the left inguinal region reveals tenderness to palpation with positive Tinel's sign. The patient has had numerous conservative treatments including medications, physical therapy, acupuncture and chiropractic. A trial of spinal cord field stimulation in the right groin region was not beneficial. The patient recently detoxed all his medications. Per progress report dated 04/02/15, the patient is temporarily totally disabled. ODG guidelines pain chapter, under PENS, "Not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. "Per progress report dated 04/02/15, treater's reason for the request is "medically necessary and provided the best chance of affecting improvement for the patient. " Treater continues to note "The patient has trialed and failed multiple conservative, non-surgical modalities such as; transcutaneous electrical nerve stimulator (TENS), physical therapy/therapeutic exercises, pharmacological therapy, all have proven unsuccessful in controlling the patient's pain adequately. Furthermore, we will instruct the patient on a home exercise program as an adjunct to the neurostimulator treatments in order to improve functional levels. " In this case, the patient has failed multiple treatment modalities, including TENS. ODG guidelines support a trial of PENS as an adjunct to a functional restoration program. Therefore, the request IS medically necessary.

Midrin, #60 (unknown dose): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Migraine pharmaceutical treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official disability guidelines Head Chapter, under Migraine pharmaceutical treatment Mental Illness & Stress Chapter, under Tension headaches.

Decision rationale: The patient presents with left groin, lower thoracic wall and rib cage. The request is for MIDRIN, #60 (UNKNOWN DOSE). The request for authorization is dated 04/02/15. The patient is status-post L5-S1 interbody fusion, 05/08/10. MRI of the brain, 09/17/09, shows a 12mm hypodense signal with differential considerations including subacute infarcts/vasculitis, inflammatory versus demyelinating process and neoplasm. Updated MRI, 04/03/12, shows new flare hyper intense lesion in the right centrum semiovale white matter and in the left dorsal medulla. Physical examination of the left inguinal region reveals tenderness to palpation with positive Tinel's sign. The patient has had numerous conservative treatments including medications, physical therapy, acupuncture and chiropractic. A trial of spinal cord field stimulation in the right groin region was not beneficial. The patient recently detoxed all his medications. He has had significant problems with PAWS (post acute withdrawal syndrome). Per progress report dated 04/02/15, the patient is temporarily totally disabled. ODG-TWC, Head Chapter, under Migraine pharmaceutical treatment states: "Recommend triptans for migraine sufferers. At marketed doses, all oral triptans (e. g. , sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. " ODG-TWC, Mental Illness & Stress Chapter, under Tension headaches states: "Under study. Antidepressants were found to have the most positive results in reducing tension headaches, followed closely by stress management behavioral therapy. The best results may be obtained with a combination of the two treatment methods. (Holroy-JAMA, 2001)" MTUS Chronic Pain Medical Treatment Guidelines page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Per progress report dated 04/02/15, treater's reason for the request is "as needed for headaches. " The patient has been prescribed Midrin since at least 01/28/15; however, review of provided reports show no discussions on functional improvement and the effect of pain relief as required by the MTUS. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. There is lack of documentation regarding what Midrin has specifically done for the patient's pain and function, as required by MTUS guidelines. Therefore, the request IS NOT medically necessary.

Evaluation for a [REDACTED] (functional restoration) program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs); Criteria for the general use of multidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-33.

Decision rationale: The patient presents with left groin, lower thoracic wall and rib cage. The request is for EVALUATION FOR [REDACTED] (FUNCTIONAL RESTORATION) PROGRAM. The request for authorization is dated 04/02/15. The patient is status-post L5-S1 interbody fusion, 05/08/10. MRI of the brain, 09/17/09, shows a 12mm hypodense signal with differential considerations including subacute infarcts/vasculitis, inflammatory versus demyelinating process and neoplasm. Updated MRI, 04/03/12, shows new flare hyper intense lesion in the right centrum semiovale white matter and in the left dorsal medulla. Physical examination of the left inguinal region reveals tenderness to palpation with positive Tinel's sign. The patient has had numerous conservative treatments including medications, physical therapy, acupuncture and chiropractic. A trial of spinal cord field stimulation in the right groin region was not beneficial. The patient recently detoxed all his medications. Per

progress report dated 04/02/15, the patient is temporarily totally disabled. MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; (6) negative predictor of success has been addressed, etc. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition. MTUS guidelines do recommend functional restoration programs. There are 6 criteria that must be met to be recommended for FRP. Per progress report dated 04/02/15, treater's reason for the request is "for the patient's PAWS. " In this case, due to his debilitating pain along with diagnosis of multiple sclerosis, the patient presents chronically fatigued with chronic pain, cognitive deficits and weakness of his upper and lower extremities with ataxic gait. Given the patient's persistent, chronic symptoms, and support from MTUS for FRP, Evaluation for a to determine the patient's candidacy is reasonable. Therefore, the request IS medically necessary.

Spinal cord stimulator re-trial utilizing the Nevro high frequency system in the lateral gutter: Upheld

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, Spinal cord stimulator.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulation Psychological evaluation Page(s): 100-101, 105-107.

Decision rationale: The patient presents with left groin, lower thoracic wall and rib cage. The request is for SPINAL CORD STIMULATOR RE-TRIAL UTILIZING THE NEVRO HIGH FREQUENCY SYSTEM IN THE LATERAL GUTTER. The request for authorization is dated 04/02/15. The patient is status-post L5-S1 interbody fusion, 05/08/10. MRI of the brain, 09/17/09, shows a 12mm hypodense signal with differential considerations including subacute infarcts/vasculitis, inflammatory versus demyelinating process and neoplasm. Updated MRI, 04/03/12, shows new flare hyper intense lesion in the right centrum semiovale white matter and in the left dorsal medulla. Physical examination of the left inguinal region reveals tenderness to palpation with positive Tinel's sign. The patient has had numerous conservative treatments including medications, physical therapy, acupuncture and chiropractic. A trial of spinal cord field stimulation in the right groin region was not beneficial. The patient recently detoxed all his medications. Per progress report dated 04/02/15, the patient is temporarily totally disabled. MTUS Chronic Pain Treatment Guidelines page 105 to 107, Under spinal cord stimulation, 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. MTUS page 101 also requires psychological evaluation prior to spinal cord stimulator trial. "Treater does not discuss the request. In this case, the patient continues with pain and has failed conservative therapies including; medications, physical therapy, acupuncture and chiropractic. The patient is also diagnosed with industrially related multiple sclerosis, for which a spinal cord stimulator trial would be recommended. However, review of provided records do not document the patient having a psychological evaluation to be cleared for a trial. Therefore, the request IS NOT medically necessary.