

Case Number:	CM14-0147685		
Date Assigned:	09/15/2014	Date of Injury:	03/08/2007
Decision Date:	10/22/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male who reported a date of injury of 03/08/2007. The mechanism of injury was not indicated. The injured worker had a diagnosis of failed back surgery syndrome. Prior treatments included chiropractic treatment, acupuncture and physical therapy. Diagnostic studies were not indicated within the medical records received. Surgeries included a spinal cord stimulator on 08/15/2014. The injured worker had complaints of low back pain with radiation to the left lower extremity and left testicle with numbness and tingling. The clinical note dated 09/15/2014 noted the injured worker's range of motion of the lumbar spine was 30 degrees of forward flexion, less than 5 degrees of extension, 15 degrees of side bending bilaterally, and 25 degrees of rotation bilaterally. He had a positive straight leg raise test on the left, absent reflexes at the L4 bilaterally and left side of the S1, decreased sensations to light touch in the major dermatomes of the left lower extremity, a positive FABER test, tenderness to palpation of the spinous process corresponding to the L3-5 region, and hypotonic paraspinal musculature bilaterally of the lumbar spine. Medications included Norco, Butran's patch, Elavil and Voltaren gel. The treatment plan included the physician's recommendation for the injured worker to receive a surgical consultation for consideration of a spinal cord stimulator, psychiatric care, and the continuation of his medications. The rationale was, indicated as the top of the leads at the time of the spinal cord stimulator trial were at the top of the T8 vertebra; however, the left lead migrated inferiorly to the bottom of the T8 vertebra while the right lead migrated inferiorly to the middle of the T8 vertebra. The Request for Authorization form was not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for surgical consultation for lumbar spinal cord stimulator: 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 (Chronic), Stress & Mental Conditions chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal cord stimulation (SCS).

Decision rationale: The request for a referral for surgical consultation for lumbar spinal cord stimulator is not medically necessary. The injured worker had complaints of low back pain with radiation to his left lower extremity and left testicle with numbness and tingling. The California MTUS/ACOEM Guidelines indicate surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy. Referral for surgical consultation is indicated for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies as radiculopathy, preferably with accompanying objective signs of neural compromise. Activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms; clear clinical imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; failure of conservative treatment to resolve disabling radicular symptoms. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and especially expectations is very important. Injured workers with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Implantable spinal cord stimulators are rarely used and should be reserved for patients with low back pain for more than 6 months' duration who have not responded to the standard nonoperative or operative interventions, psychological screening is recommended prior to all spinal cord stimulator implants. There is a lack of documentation the injured worker had imaging studies indicative of radiculopathy consistent with significant signs of neural compromise. The guidelines indicate spinal cord stimulators are rarely used and should be reserved for injured workers with low back pain for more than 6 months' duration and have not responded to standard nonoperative or operative interventions. It is noted the injured worker underwent a spinal cord stimulator trial on 08/15/2014 and reported his pain had diminished in his low back while at rest and his pain went to a 5/10 with ambulation. However, there is a lack of documentation of the injured worker's functional gains with the spinal cord stimulator. Furthermore, there is a lack of documentation the injured worker completed psychological screening prior to the spinal cord stimulator implant. As such, the request is not medically necessary.

Unspecified treatment with surgeon for lumbar spinal cord stimulator.: 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 (Chronic), Stress & Mental Conditions chapter

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

Decision rationale: As the primary request is not medically necessary, the requested service is also not medically necessary.