

Case Number:	CM13-0031517		
Date Assigned:	12/04/2013	Date of Injury:	04/18/2006
Decision Date:	01/28/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic upper and lower limb pain, reflex sympathetic dystrophy of the bilateral upper and lower extremities, hip pain, low back pain, and lumbar radiculopathy associated with an industrial injury that took place on April 18, 2006. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, and a spinal cord stimulator implantation. A progress note dated August 23, 2013 states the applicant was issued prescriptions for Motrin and Lyrica, and is reportedly doing well. The applicant states the medications are facilitating activities of daily living and restorative sleep, and the spinal cord stimulator is also being used, as well as a heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for spinal cord stimulator reprogramming every 60-90 days as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for Health and Clinical Excellence (NICE). Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin. London (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Oct. 33 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS does not address the topic of spinal cord stimulator reprogramming frequency. As noted in the Official Disability Guidelines, the typical battery life for spinal cord stimulators is eight to nine years, but this does vary with the unit. It is further noted that the physician programmer can interrogate the implanted device and determine the estimated remaining battery life. In this case, however, it does not appear that the applicant is in fact having any issues with malfunctioning of the device or inadequate analgesia with device, effectively obviating any present need for stimulator reprogramming. Therefore, the request is not certified.