

Case Number:	CM13-0033600		
Date Assigned:	12/06/2013	Date of Injury:	08/17/1999
Decision Date:	03/11/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/10/2013

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 orthopedic surgery, 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 patient is a 51-year-old gentleman who sustained an injury to the low back in a work related accident on 08/17/99 while performing customary work activities. The records indicated a failed course of conservative care, which ultimately required spinal cord stimulator placement in March of 2004. Postoperative issues resulted in a revision procedure in January of 2012, for which the claimant underwent an insertion of an intra epidural stimulator lead and programming of the stimulator. A recent 11/07/13 follow up with [REDACTED], documented continued persistent low back, bilateral groin and leg pain stating need for spinal cord stimulator revision procedure. His diagnosis at that time was postl aminectomy syndrome with migration of the spinal cord stimulator lead. [REDACTED] documented the need for lead replacement given the claimant's ongoing clinical complaints and current findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine spinal cord stimulator lead revision: Overturned

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 Page(s): 105-107.

Decision rationale: Based on California MTUS Chronic Pain 2009 Guidelines, the request for spinal cord stimulator lead revision would appear medically necessary. The claimant meets clinical criteria for the role of a spinal cord stimulator, which is malfunctioning due to an improper function of a lead. The lead is noted to have migrated on imaging. The role of surgical revision given the claimant's current anatomic issue in regard to stimulator lead would appear to be medically necessary.