

Case Number:	CM13-0033669		
Date Assigned:	12/06/2013	Date of Injury:	01/23/2008
Decision Date:	05/05/2014	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 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 adjustment disorder, anxiety disorder, major depressive disorder, chronic low back pain, and chronic midback pain reportedly associated with an industrial injury of January 23, 2008. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; prior lumbar laminectomy and fusion surgery in November 2010; an earlier lumbar laminectomy and fusion surgery in November 2010, and a spinal cord stimulator implantation in February 2013. In a Utilization Review Report of September 18, 2013, the claims administrator denied a request for a spinal cord stimulator revision. The applicant's attorney subsequently appealed. An August 27, 2013 progress note is notable for comments that the applicant reports persistent low back pain with associated lower extremity weakness. The applicant is Spanish speaking. Pain is rated at 8-9/10. The applicant's medication list includes oxycodone, Prilosec, senna, Voltaren, Medrol, Prozac, Klonopin, Norco, and Percocet. It is unclear whether the applicant's medications have been recently updated. The applicant is described as a "disabled" former welder. The applicant denies smoking. The applicant has tenderness to touch over the spinal cord stimulator implantation. Multiple medications are refilled. Authorization is sought for spinal cord stimulator lead and generator revision. It is stated that a psychological evaluation should be obtained. It is further stated in another section report that the implanted "SNC/PNS" was analyzed and found to be working normally. A later note of November 19, 2013 is notable for comments that the applicant reports severe low back pain radiating to legs. The applicant is having cramping and stomach pain which he attributes to his spinal stimulator. It is stated that the applicant's spinal cord stimulator modifications previously made were not effective and that the applicant is effectively using medications alone for palliation of his pain. A spinal cord stimulation lead revision is again sought. The applicant is asked to employ a lumbar corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCS LEAD AND GENERATOR REVISION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATION. Decision based on Non-MTUS Citation American Academy of Neurologic Surgeons (AANS), Spinal Cord Stimulation Handout, October 2008

Decision rationale: While the MTUS guidelines do not specifically address the need for spinal cord stimulator revision procedures, page 107 of the Chronic Pain Medical Treatment Guidelines does acknowledge that failed back syndrome, the diagnosis present here, is an approved indication for stimulator implantation. In this case, however, the employee reportedly has a malfunctioning stimulator. The attending provider has posited on an office visit of November 19, 2013 that the employee's stimulator is not functioning appropriately. As noted by the American Academy of Neurologic Surgeons (AANS), device malfunctions requiring revision procedures are a known complication or risk factor of spinal cord stimulation. In this case, the attending provider has seemingly made the case that the employee's spinal stimulator is not working to satisfaction. Therefore, the request for a revision procedure is certified.