

Case Number:	CM13-0036720		
Date Assigned:	12/13/2013	Date of Injury:	09/24/2002
Decision Date:	08/25/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

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 and Rehabilitation and is licensed to practice in Texas. 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 patient is a 41 year old male with 9/24/2002 injury date. He has undergone multiple (10+) surgeries to the left shoulder, most recently resection arthroplasty with removal of hardware in 2010. A spinal cord stimulator was implanted on 8/13/2012. He is also maintained on Oxycontin and Neurontin for chronic left shoulder pain and disability, and medications for insomnia/sleep disturbance. A 1/09/2013 report documents SCS (spinal cord stimulator) reprogramming was performed. The patient reported 4/10 pain level. Patient was doing well. According to the 7/30/2013 progress report, the patient was seen for regular follow-up and medication refill. He reported using the SCS daily, on average 6 hours per day. He reported pain/discomfort in the left shoulder socket. He also reported his skin around the battery feeling hot and paresthesias in his leg when walking. Examination demonstrated normal cervical spine, the shoulder demonstrated no atrophy, erythema induration or swelling, limited left shoulder passive motion with 25 degrees forward flexion, 20 degrees extension, normal skin and normal sensation on neurological exam. Medications Oxycontin, Neurontin, and Lunesta are prescribed. He was to return for follow-up on 9/24/2013. A medical report documents patient examination and SCS reprogramming was performed on 9/24/2013. The patient reports 6/10 pain, continuous since onset. He reports alleviating factors are ice, rest, stretching, narcotics, and SCS. He reports left shoulder muscle weakness and joint pain, and sleep disturbance only. He does not report any problems with the SCS. Physical examination demonstrated normal cervical spine, the shoulder demonstrated no atrophy, erythema induration or swelling, limited left shoulder passive motion with 25 degrees forward flexion, 20 degrees extension, normal skin and normal sensation on neurological exam. The plan is continue slow Oxycontin weaning/tapering, continue Neurontin, and trial Melatonin. He is encouraged to perform HEP.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE REPROGRAMMING OF SPINAL CORD STIMULATOR DOS: 9/24/13: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Spinal cord stimulators (SCS).

Decision rationale: The CA MTUS and ACOEM do not specifically address programing or maintenance of a spinal cord stimulator implant. According to the Official Disability Guidelines, as batteries for both rechargeable and non-rechargeable systems are nearing end of life, there are both early replacement indicators and end of service notifications. Typical life may be 8-9 years for rechargeable batteries, but this depends on the unit. In addition, the physician programmer can be used to interrogate the implanted device and determine the estimated remaining battery life. In the case of this patient, the medical records do not indicate there were any issues of malfunction of the SCS (spinal cord stimulator). The patient reported using the device daily. There is no evidence that the SCS effectiveness had diminished or changed in any way. The medical records do not provide a rationale for reprogramming of the device. Therefore, this request is not medically necessary.