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| Case Number: | CM13-0043429 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/16/1993 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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 Anesthesiology, has a subspecialty in Pain Medicine 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 57 year old male who was previously implanted with a spinal cord stimulator. Clinical note dated 12/19/12 indicated the patient complaining of low back pain since 1993. The patient underwent fall down stairs in 1993. The patient was subsequently implanted with an intrathecal pump in 2011. The patient underwent three fusions in 1993, 1995, and 2001. The patient was subsequently implanted with a spinal cord stimulator in 10/12. Upon exam the patient was unable to perform any range of motion throughout the lumbar spine. Urine drug screen on 11/21/12 revealed the patient to be utilizing morphine and oxycodone for pain relief. The patient underwent periodic pump refills as well. Clinical note dated 01/16/13 indicated the patient continuing to receive pain relief with the intrathecal pump. No significant changes were identified with the clinical presentation. Clinical note dated 04/12/13 indicated the patient stating the stimulator leads had migrated up the cervical spine. The patient continued with low back pain radiating neck pain radiating into the rib cage and down both legs to the feet. The patient rated the pain as 4-5/10. Clinical note dated 04/24/13 indicated the patient continuing with medications via intrathecal pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

INSERTION/REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator, Page(s): 105.

Decision rationale: The documentation the request for the insertion/replacement of a spinal neurostimulator pulse generator/receiver; percutaneous implantation of a neurostimulator electrode array by epidural; implantable neurostimulator pulse generator, dual array, rechargeable, includes extension; implantable neurostimulator electrode; external patient programmer for use with implantable programmable neurostimulator pulse generator; needle localization by x-ray is non-certified. Clinical documentation indicates the patient previously being implanted with neuro spinal cord stimulator. The replacement of the current spinal cord stimulator would be indicated provided that the patient meets specific criteria, including the patient identified as having significant objective functional improvements with a decrease in pain levels and medication pain medication use. No objective data was submitted confirming positive response to previous implanted spinal cord stimulator. Additionally, no information was submitted regarding the specific reduction in pain medications with spinal cord stimulator. Given this, the request is not indicated as medically necessary.

PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY BY EPIDURAL #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator, Page(s): 105.

Decision rationale: The documentation the request for the insertion/replacement of a spinal neurostimulator pulse generator/receiver; percutaneous implantation of a neurostimulator electrode array by epidural; implantable neurostimulator pulse generator, dual array, rechargeable, includes extension; implantable neurostimulator electrode; external patient programmer for use with implantable programmable neurostimulator pulse generator; needle localization by x-ray is non-certified. Clinical documentation indicates the patient previously being implanted with neuro spinal cord stimulator. The replacement of the current spinal cord stimulator would be indicated provided that the patient meets specific criteria, including the patient identified as having significant objective functional improvements with a decrease in pain levels and medication pain medication use. No objective data was submitted confirming positive response to previous implanted spinal cord stimulator. Additionally, no information was submitted regarding the specific reduction in pain medications with spinal cord stimulator. Given this, the request is not indicated as medically necessary.

IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator, Page(s): 105.

Decision rationale: The documentation the request for the insertion/replacement of a spinal neurostimulator pulse generator/receiver; percutaneous implantation of a neurostimulator electrode array by epidural; implantable neurostimulator pulse generator, dual array, rechargeable, includes extension; implantable neurostimulator electrode; external patient programmer for use with implantable programmable neurostimulator pulse generator; needle localization by x-ray is non-certified. Clinical documentation indicates the patient previously being implanted with neuro spinal cord stimulator. The replacement of the current spinal cord stimulator would be indicated provided that the patient meets specific criteria, including the patient identified as having significant objective functional improvements with a decrease in pain levels and medication pain medication use. No objective data was submitted confirming positive response to previous implanted spinal cord stimulator. Additionally, no information was submitted regarding the specific reduction in pain medications with spinal cord stimulator. Given this, the request is not indicated as medically necessary.

IMPLANTABLE NEUROSTIMULATOR ELECTRODE #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator, Page(s): 105.

Decision rationale: The documentation the request for the insertion/replacement of a spinal neurostimulator pulse generator/receiver; percutaneous implantation of a neurostimulator electrode array by epidural; implantable neurostimulator pulse generator, dual array, rechargeable, includes extension; implantable neurostimulator electrode; external patient programmer for use with implantable programmable neurostimulator pulse generator; needle localization by x-ray is non-certified. Clinical documentation indicates the patient previously being implanted with neuro spinal cord stimulator. The replacement of the current spinal cord stimulator would be indicated provided that the patient meets specific criteria, including the patient identified as having significant objective functional improvements with a decrease in pain levels and medication pain medication use. No objective data was submitted confirming positive response to previous implanted spinal cord stimulator. Additionally, no information was submitted regarding the specific reduction in pain medications with spinal cord stimulator. Given this, the request is not indicated as medically necessary.

EXTERNAL PATIENT PROGRAMMER FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator, Page(s): 105.

Decision rationale: The documentation the request for the insertion/replacement of a spinal neurostimulator pulse generator/receiver; percutaneous implantation of a neurostimulator electrode array by epidural; implantable neurostimulator pulse generator, dual array, rechargeable, includes extension; implantable neurostimulator electrode; external patient programmer for use with implantable programmable neurostimulator pulse generator; needle localization by x-ray is non-certified. Clinical documentation indicates the patient previously being implanted with neuro spinal cord stimulator. The replacement of the current spinal cord stimulator would be indicated provided that the patient meets specific criteria, including the patient identified as having significant objective functional improvements with a decrease in pain levels and medication pain medication use. No objective data was submitted confirming positive response to previous implanted spinal cord stimulator. Additionally, no information was submitted regarding the specific reduction in pain medications with spinal cord stimulator. Given this, the request is not indicated as medically necessary.

NEEDLE LOCALIZATION BY X-RAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator, Page(s): 105.

Decision rationale: Given the non-certification of the requested spinal cord stimulator, this portion of the request is thus rendered not medically necessary.