

<b>Case Number:</b>	CM13-0048935		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/07/1993
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 60-year-old female who reported injury on 12/07/1993. The mechanism of injury was not provided. The patient had a surgical repositioning of the spinal cord stimulator on 10/15/2012. The evaluation of 04/24/2013 revealed the patient was having a hard time with IPG site and it was tender due to the location. The treatment plan included IPG replacement and movement to the abdominal wall and 2 peripheral stimulator leads to be placed. The patient was noted to have prior repositioning's. The unit was interrogated and the service life was noted to be okay. The patient presented on 06/05/2013 revealed that the stimulator settings were beneficial while in the office; however, a week later, were not beneficial any longer. The patient had complaints of the stimulator not working correctly and it was too shocking and made the patient's bone hurt in the lower extremities. The pocket itself continued to be painful even when the stimulator was off. The patient had a CT scan of the lumbar spine which demonstrated the positioning of the paddle leads nicely. There was an extension stem in the lumbar region leading to the IPG pocket. The treatment plan included reprogramming in the office as of that date. The patient had on office visit on 06/13/2013 and had complaints of significant pain in the back and left lower extremity. The documentation indicated the physician interrogated the spinal cord stimulator without reprogramming. The patient's diagnoses included lumbar radiculopathy and CRPS type 1 lower extremity. The request was subsequently made for the interrogation of the spinal cord stimulator for 06/13/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL CORD STIMULATOR INTERROGATED-LUMBAR SPINE/ CRPS LOWER EXTREMITY, DATE OF SERVICE 06/13/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105.

**Decision rationale:** California MTUS Guidelines recommend spinal cord stimulators for selected patients in cases when less invasive procedures have failed and/or are contraindicated for CRPS or failed back surgery syndrome. Clinical documentation submitted for review indicated the patient had a repositioning of the spinal cord stimulator generator on 10/15/2012. The patient was in the office on 06/05/2013 and had an interrogation of the SCS system and a reprogramming, which the patient was initially responsive to. The interrogation of the system indicated that the system was working okay. There was a lack of documentation indicating a necessity and the rationale for a re-evaluation on 06/15/2013. Given the above, the retrospective request for 1 spinal cord stimulator interrogated lumbar spine/CRPS extremity date of service 06/13/2013 is not medically necessary.