

Case Number:	CM13-0054679		
Date Assigned:	12/30/2013	Date of Injury:	11/05/2002
Decision Date:	03/18/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 57-year-old female with a date of injury of 11/05/2003. The listed diagnoses per [REDACTED] dated 10/30/2013 are: 1) Degeneration of lumbar intervertebral disk, 2) Lumbosacral spondylosis without myelopathy, 3) Thoracic or lumbosacral neuritis or radiculitis, 4) Post-laminectomy syndrome of lumbar region, 5) Lumbosacral joint ligament sprain, 6) Obesity, 7) Carpal tunnel syndrome, 8) Long-term use of medications. According to report dated 10/30/2013 by [REDACTED], the patient presents with a flare-up of low back pain due to patient's spinal cord stimulator running low on battery and getting no stimulation. The provider states patient requires "a new rechargeable generator as the current one has little life left." The provided documentation for review is a letter to [REDACTED] from a [REDACTED] dated 10/30/2013 that states "the patient currently has an IPG (Implantable Pulse Generator) or a non-rechargeable device which would be dying in the next month or so. The recommendation includes replacement with a rechargeable device versus a non-rechargeable device due to the patient's consumption. A rechargeable IPG should last the patient 10 years. The patient received significant pain relief using the spinal cord stimulator and used her device 24 hours per day."

IMR ISSUES, DECISIONS AND RATIONALES

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

IPG (Implantable Pulse Generator): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient presents with a flare-up back pain. The provider is requesting a replacement of IPG ((Implantable Pulse Generator). The utilization review dated 11/12/2013 denied request stating, "there is no indication of decreased medication or decrease in level of pain with improvement in function following initial use of spinal cord stimulator." Under spinal cord stimulation, the MTUS Guidelines state, "Recommended only for selected patients in cases when less invasive procedures have failed or are contradicted for special conditions following a successful temporary trial." The Official Disability Guidelines (ODG), regarding spinal cord stimulators also states for failed back syndrome, persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery. In this case, the patient has already qualified for a spinal cord stimulator and has had "significant pain relief" using her device "24 hours per day." The battery is currently running low requiring replacement of the device. Given the patient has post-laminectomy syndrome, and "significant relief" from the SCS (Spinal Cord Stimulator) device. The requested IPG is medically necessary and recommendation is approval.

EMG of low back and lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: The provider requests an EMG (Electromyography) for "recurrent increased numbness and tingling of the right hand and wrist." The ACOEM Guidelines has the following regarding EMG/NCV (nerve conduction velocity) for hand/wrist symptoms, "Appropriate electrodiagnostic studies may help differentiate between CTS (Carpal tunnel syndrome) and other conditions such as cervical radiculopathy." This may include nerve conduction studies or in more difficult case, EMG may be helpful. NCS (nerve conduction study) and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS (electrodiagnostic studies) are negative, test may be repeated later in the course of treatment if symptoms persist. In this case, the patient has a diagnosis of carpal tunnel syndrome, thoracic, or lumbosacral neuritis or radiculitis, and is currently awaiting approval for a CTS release. There are no mention of prior EMG testings. An EMG at this point for further investigation is medically necessary and recommendation is for approval.

