

Case Number:	CM13-0054817		
Date Assigned:	12/30/2013	Date of Injury:	01/13/2006
Decision Date:	05/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/20/2013

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 Pain Management, 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 56-year-old male who reported an injury to his low back. The radiograph studies completed on 12/11/12 indicate the patient having previously undergone an L4-5 laminectomy. A grade 1 retrolisthesis was identified of L1 over L2 and at L2 over L3. Mild anterior wedging was also identified at T11 and T12. A dorsal column stimulator was also identified at the lower thoracic spine. The clinical note dated 01/11/13 indicates the patient utilizing Gabapentin, Voltaren, and Percocet for pain relief. The patient's functional status was within baseline. The patient was neurologically intact with no deficiencies. The clinical note dated 03/25/13 indicates the patient's complaints of pain elicited from a spinal cord stimulator. The patient stated the stimulation changes with positional changes and is creating a painful shocking sensation. The patient also reported an increase in rib pain as well as abdominal sensations. The note indicates the patient having the spinal cord stimulator implanted in 2012. The clinical note dated 09/16/13 indicates the spinal cord stimulator stimulating the chest area. The patient rated his low back pain as 7/10 at that time. The clinical note dated 10/04/13 indicates the patient being recommended for a spinal cord stimulator revision. The note indicates the patient having undergone a complex dorsal column stimulator reprogramming. Various lead arrangements were also attempted. The patient was recommended for a dorsal column revision. 10/24/13 utilization review report recommended non-certification of SCS revision with possible removal and reinsertion of a new SCS lead and revision of SCS generator.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR REVISION WITH POSSIBLE REMOVAL AND REINSERTION OF A NEW SCS LEAD, REVISION OF SCS GENERATOR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation, and Official Disability Guidelines (ODG) Pain Chapter, Spinal cord stim. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Spinal Cord Stimulators (SCS).

Decision rationale: Regarding the request for spinal cord stimulator revision with possible removal and reinsertion of a new SCS lead, revision of SCS generator, California MTUS and ODG do not specific address the issue of SCS revision. However, before replacement of a spinal cord stimulator is considered, it is reasonable to require documentation of efficacy from the prior unit while it was functional as evidenced by at least 50% pain relief and medication reduction or functional improvement, consistent with the ODG recommendations for permanent placement after a trial. Within the documentation available for review, there is documentation that the patient is experiencing stimulation changes with positional changes and a painful shocking sensation. However, there is no documentation of efficacy from the prior unit while it was functional as evidenced by at least 50% pain relief and medication reduction or functional improvement. While removal of the apparently faulty device/lead may be appropriate, there is no clear indication for replacement in the absence of clear efficacy while the unit was functional and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested spinal cord stimulator revision with possible removal and reinsertion of a new SCS lead, revision of SCS generator is not medically necessary.