

<b>Case Number:</b>	CM13-0061739		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/22/2002
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Orthopedic Surgery, has a subspecialty in Spinal Surgery, 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 42-year-old male. The date of injury was 6/22/2002. An exam notes from 10/18/13 document complaint of increased pain down lower back with radiating leg pain. Gait favoring right lower extremity. Tenderness of the lumbar spine bilaterally, right greater and left. Decreased range of motion, extension limited to 10 degrees. Sensory deficits were noted along the L5-S1 distribution. The treatment plan was Penta Paddle lead placement. Diagnosed with status post L3-4 fusion, hardware removal, lumbar post laminectomy syndrome, bilateral lower extremity radiculopathy right greater than left, reactionary depression and anxiety, medication induced gastritis. Spinal Cord Stimulator implanted on 3/17/11. Myocardial infraction 1/2/13 with diagnosis of cardiomyopathy and CHF (congestive heart failure). The treatment request is for T11-12 laminotomy for T9-10 spinal cord stimulator paddle placement, removal of percutaneous leads, revision vs. replacement of left hip battery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of percutaneous leads:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** In this case there is insufficient rationale in the records to support revision of spinal cord stimulator. There is no evidence of lead migration or evidence to support removal of the spinal cord stimulator placed 3/17/11. Therefore the determination is for non-certification.

**Revision vs. replacement of left hip battery 63655, 63685, 95970, 76000, 63662, 63688:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** As the primary surgical procedure is non-certified as not medically necessary, then the decision for revision versus replacement of the left hip battery is not medical necessary and non-certified.

**T11-12 laminotomy for T9-10 spinal cord stimulator paddle placement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181, Chronic Pain Treatment Guidelines Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Other medical guidelines: <http://guidelines.gov/content.aspx?id=13305&search=spinal+cord+stimulation>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** As the primary surgical procedure is non-certified as not medically necessary, then the decision for T11-T12 laminotomy for T9-T10 spinal cord stimulator paddle placement is not medical necessary and non-certified.