MAXIMUS Federal Services

Case Number:	CM13-0065760		
Date Assigned:	01/03/2014	Date of Injury:	03/14/2002
Decision Date:	04/11/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/13/2013

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 Florida. 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 28-year-old male who reported an injury on 03/14/2002. The mechanism of injury was not specifically stated. The patient is diagnosed as post laminectomy syndrome, spasm of muscle, dysthymic disorder, backache, lumbago, thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, degeneration of cervical intervertebral disc, and displacement of lumbar intervertebral disc without myelopathy. The patient was seen by [redacted] on 10/15/2013. Physical examination was not provided. Treatment recommendations included reinterrogation of a spinal cord stimulator implantation.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOVAL OF EXISTING SPINAL CORD STIMULATOR LEADS (X 2) AND THE IPG, AND PLACEMENT OF NEW LEADS AND NEW IPG SYSTEM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Integrated Treatment, Pain (Chronic).

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

Decision rationale: California MTUS Guidelines state spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Spinal cord stimulator treatment for chronic non malignant pain including failed back surgery syndrome has demonstrated a 74% long term success rate. As per the documentation submitted, the patient is status post spinal cord stimulator implantation in 2007. It was noted that the patient's stimulator required reinterrogation for proper stimulation to the lower extremities. However, an updated progress report was submitted on 11/12/2013 by [redacted], which indicated that the patient now experienced a much better stimulation pattern with the existing spinal cord stimulator and no longer required removal of the spinal cord stimulator leads. The spinal cord stimulator was assessed, and reprogramming was not medically necessary. Surgical revision was noted as not medically necessary at that time. Based on the clinical information received, the request is non-certified.