

Case Number:	CM14-0004365		
Date Assigned:	02/05/2014	Date of Injury:	03/04/2010
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/13/2014

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 Neurological 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 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 injured worker was injured on March 4, 2010. A portion of the clinical documents provided has poor resolution and have been rendered illegible. From what is ascertainable, a dorsal column stimulator was placed at T10-T11 on January 30, 2013. On page 159 of the PDF file, there is a portion of the clinical document that appears to be dated November 25, 2013. It indicates that the stimulator battery has failed and is inoperable. The clinician recommends replacement battery. The utilization review in question was rendered on July 23, 2013. The reviewer noncertified the requests for revision of the battery site.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION OF BATTERY SITE TO RECHARGING OF STIMULATOR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain-Spinal cord stimulators (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Spinal Cord Stimulators..

Decision rationale: The Official Disability Guidelines (ODG) and the California Medical Treatment Utilization Schedule (CAMTUS) guidelines do not cover revision or battery

replacement. The ODG does indicate that the battery can be interrogated at the average lifespan should be 8-9 years. Based on the clinical documentation provided, it appears that the battery is failed. The battery has been interrogated multiple times and has proven to be defective. Therefore, the request for revision of battery site to recharging of stimulator is medically necessary and appropriate.