MAXIMUS Federal Services

Case Number:	CM14-0005659		
Date Assigned:	02/05/2014	Date of Injury:	12/11/1998
Decision Date:	07/02/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/15/2014

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 Orthopedic Surgery, has a subspecialty in Spine Fellowship 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 patient is a 55-year-old male who has submitted a claim for Lumbosacral Radiculopathy and Lumbar Sprain/Strain associated with an industrial injury date of December 11, 1998. Medical records from 2013 were reviewed, which showed that the patient complained that his spinal cord stimulator was not helping to reduce his pain or reduce the need for taking oral medications. He also had difficulty with his activities of daily living. On physical examination, gait was antalgic and he used a cane for ambulation. Treatment to date has included medications, lumbar microdecompression, L5-S1 arthrodesis, and spinal cord stimulator. Utilization review from December 17, 2013 denied the request for removal of spinal cord stimulator because there was no evidence that the patient had revision of his SCS or that it had been monitored to assess it is programmed and functioning properly.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOVAL OF A SPINAL CORD STIMULATOR: Overturned

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 9792.24.2 Page(s): 101,105-107.

Decision rationale: According to pages 101, 105-107 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, spinal cord stimulators (SCS) are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications for stimulator implantation include failed back syndrome, complex regional pain syndrome/reflex sympathetic dystrophy, post-amputation pain, post-herpetic neuralgia, spinal cord injury dysesthesias, pain associated with multiple sclerosis, and peripheral vascular disease. Regarding revision, clinical practice would make it reasonable to document continued presence of indications, suspected dysfunction of the existing device, failed setting adjustments, or x-rays that demonstrate lead migration. In this case, an appeal stated that the spinal cord stimulator was not functioning at its most optimal level and that it was not helping the patient to reduce his pain or reduce the need for taking oral pain medications. There was also no evidence of continued presence of indications for a spinal cord stimulator. Therefore, the request for removal of spinal cord stimulator is medically necessary.