MAXIMUS Federal Services

Case Number:	CM14-0101665		
Date Assigned:	09/16/2014	Date of Injury:	01/26/2001
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 45 year old female who sustained a work injury on 1-26-01. The claimant has a diagnosis of complex regional pain syndrome (CRPS). Office visit on 4-7-14 notes the cm has multiple areas of pain wore over the right foot and lower one third of the calf. She also has pain over the sacrum, bilateral buttocks, and bilateral lower extremities. She has swelling, sensitivity, color changes. The claimant uses a cane for ambulation. The claimant is status post-surgery due to a Lanfranc fracture performed din 2001. The claimant had a spinal cord stimulator (SCS) implanted on 12-14-03 and lead revision on 3-26-09. The claimant is currently treated with medications. On 5-22-14 the claimant had the SCS evaluated and reprogrammed. The claimant reported that the claimant increased frequency of recharging sessions, which now took six hours. Evaluation of the device noted the claimant had used 46,735 and appropriate impedance on all 16 leads. The Implantable Pulse Generator (IPG) was approximately 8 year old and close to end of life.

IMR ISSUES, DECISIONS AND RATIONALES

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

Generator removal (insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SCS Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - SCS.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that SCS are recommended for complex regional pain syndrome (CRPS)/reflex sympathetic dystrophy (RSD). ODG notes battery life for SCS: As batteries for both rechargeable and non-rechargeable systems are nearing end of life, there are both early replacement indicators and end of service notifications. Typical life may be 8-9 years for rechargeable batteries, but this depends on the unit. In addition, the physician programmer can be used to interrogate the implanted device and determine the estimated remaining battery life. (Restore, 2011). This claimant is nearing the end life of her current SCS. However, there is an absence in documentation noting quantification of functional improvement with the current SCS the claimant currently has implanted. Therefore, the medical necessity of this request is not established.

Generator replacement (revision or removal of implanted spinal neurostimulator pulse generator or receiver): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SCS Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter SCS

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that SCS are recommended for complex regional pain syndrome (CRPS)/reflex sympathetic dystrophy (RSD). ODG notes Battery Life for SCS: As batteries for both rechargeable and non-rechargeable systems are nearing end of life, there are both early replacement indicators and end of service notifications. Typical life may be 8-9 years for rechargeable batteries, but this depends on the unit. In addition, the physician programmer can be used to interrogate the implanted device and determine the estimated remaining battery life. (Restore, 2011). This claimant is nearing the end life of her current SCS. However, there is an absence in documentation noting quantification of functional improvement with the current SCS the claimant cure.

Generator programming (analyse neurostimulator, complex): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SCS Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter SCS

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that SCS are recommended for complex regional pain syndrome (CRPS)/reflex sympathetic dystrophy (RSD).

ODG notes Battery Life for SCS: As batteries for both rechargeable and non-rechargeable systems are nearing end of life, there are both early replacement indicators and end of service notifications. Typical life may be 8-9 years for rechargeable batteries, but this depends on the unit. In addition, the physician programmer can be used to interrogate the implanted device and determine the estimated remaining battery life. (Restore, 2011). This claimant is nearing the end life of her current SCS. However, there is an absence in documentation noting quantification of functional improvement with the current SCS the claimant currently has implanted. Therefore, the medical necessity of this request is not established.