

<b>Case Number:</b>	CM14-0145679		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/21/1989
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Georgia. 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 an 83 year old female who was injured on 02/21/1989. The mechanism of injury is unknown. Prior treatment history has included transforaminal epidural steroid injection on the left at L5-S1 most recently on 05/12/2014. Prior surgeries include microdiscectomy, decompression surgery and lumbar fusion in 1990 or 1991 (discrepancies noted between progress notes from different providers on dates of procedures), placement of spinal cord stimulator in 1990 or 1991, placement of Advanced Bionic spinal cord stimulator generator on left side of abdomen in approximately 2008, with new leads placed in 2012. Progress report (PR) dated 04/22/2014 noted the patient presented with complaints of lower back pain and pain radiating into her posterior left leg in the area of the knee. The pain was rated 7-8/10 and it interfered with her activities of daily living. She also complained of right groin pain and right leg weakness. She reported use of her spinal cord stimulator had been very beneficial for improvement in her pain, particularly her neuropathic symptoms. Medication usage was reported as decreased due to the use of the spinal cord stimulator. Telephone encounter dated 05/07/2014 noted [REDACTED] had received a call from Medtronic that the patient's spinal cord stimulator was reaching the end of its life and therefore needed replacement. Progress report dated 06/24/2014 noted the patient's spinal cord stimulator battery was low. PR dated 07/28/2014 indicated the patient presented with complaints of chronic back pain with leg symptoms. She reported her spinal cord stimulator has been turning itself off and presented to be evaluated for placement of a new spinal cord stimulator generator. This PR noted the stimulator had been placed 2-years prior. She reported her pain was 7-8/10 in her back and 6-8/10 in the legs. Pain was reportedly exacerbated by changing weather, alleviated by lying down. On lumbar exam, the patient demonstrated a well healed posterior incision, loss of lumbar lordosis, mild tenderness and restricted motion. Lower extremity exam revealed restricted range of motion of her hips. Motor

function was listed as "globally intact with patchy sensory changes." Diminished reflexes noted in the lower extremities. Straight leg raise test was noted as equivocal. She was diagnosed with lumbar spine surgical syndrome, mechanical back and radicular leg pain, and "loss of efficacy with issues with spinal cord stimulator generator, Advanced Bionics, left abdomen. Placement of leads percutaneous." A recommendation was made for a battery replacement. Prior utilization review dated 08/27/2014 stated the request for Battery Replacement for Spinal Cord Stimulator System Lumbar was denied as medical necessity had not been established.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Battery replacement for spinal cord stimulator system for lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 38.

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS) notes that spinal cord stimulators (SCS) are recommended only for selected patients when less invasive procedures have failed, or are contraindicated for specific subsets of problems. There is limited evidence for SCS for failed back syndrome, defined as "persistent pain in patients who have undergone at least one previous back operation". It is more helpful for lower extremity pain than back pain, although both stand to benefit. SCS is noted to have a 40-60% success rate 5 years after surgery. It is noted to work best for neuropathic pain. The medical records document the patient has had two spinal cord stimulators to date, with most recent stimulator placed in 2008 with leads placed in 2012. The notes provided document reported significant relief in neuropathic pain. Records also document that the patient's stimulator battery is nearing end of life. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request Battery replacement for spinal cord stimulator system for lumbar spine is medically necessary and appropriate.