

<b>Case Number:</b>	CM14-0151543		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/01/2000
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 and is licensed to practice in New York. 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 being treated for chronic back pain. Patient also has numbness down the legs. He's had acupuncture and medications and narcotic use. On physical examination the patient is overweight and walks with a cane. He has a normal gait and normal sensation in all 4 extremities and normal motor strength. Deep tendon reflexes are normal in the legs. The patient is well-healed surgical wounds without infection. He's had prior lumbar fusion surgery. He had a postop wound infection. He is diagnosed with post lumbar fusion and degenerative disc condition. Treatment includes acupuncture, epidural steroid injections and medications and home exercises. He continues to have chronic pain. The patient underwent a trial and permanent placement of a spinal cord stimulator via thoracic laminectomy in July 2013. He received excellent results from the stimulator. The spinal stimulator had been removed to infection. At issue is whether replacement of the spinal cord stimulator is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Permanent Placement Spinal Stimulator via thoracic laminectomy including generator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute and Chronic), Spinal cord stimulation (SCS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back , MTUS low back chapter

**Decision rationale:** The medical records do not indicate that another spinal cord stimulator is medically necessary in this case. Specifically the medical records document that the patient is currently receiving acupuncture in the acupuncture is reduced the patient's pain dramatically. In addition the medical records document that acupuncture has reduced the patient's use of Percocet. Guidelines only recommend spinal cord stimulator is in cases 1 other conservative measures have failed. Acupuncture is reportedly working at this point. In addition the patient had previous infection and the risk of infection may happen after revision spinal cord stimulator placement is higher than average. Revision spinal stimulator placement not medically necessary at this time.