

Case Number:	CM14-0171173		
Date Assigned:	10/23/2014	Date of Injury:	03/18/2002
Decision Date:	12/31/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family Medicine 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 injured worker is a 69 year-old male who was injured on 3/18/02 when he slipped and fell. He complained of low back pain radiating to his legs. On exam, he decreased range of motion of lumbar spine and a positive straight leg raise on the right. He had muscle spasms of the lumbar paraspinal muscles. He was diagnosed with post laminectomy syndrome of the lumbar spine, lumbar spinal stenosis, and lumbar degenerative disc disease. His treatment included medications (Diazepam, Gabapentin, and Kadian), physical therapy, epidural steroid injections, a lumbar laminectomy, and implantation of a permanent spinal cord stimulator in 9/2012. The stimulator and his medications provided him with pain relief. The current request is for monthly routine interrogation of the stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Routine Interrogation of Medtronic SCS System for Evaluation of Stimulator:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 106-107. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain-Spinal Cord Stimulators (SCS)

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

Decision rationale: The request is considered not medically necessary. The MTUS recommends SCS for chronic pain after back surgery. The ODG guidelines state, "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." The unit has been providing the injured worker with adequate pain relief in addition to his medications. There is no indication that there is a need to change batteries or have monthly monitoring. The injured worker had the unit implanted in 2012. Typical battery life can be as long as 8-9 years. Therefore, the request is not medically necessary.