

<b>Case Number:</b>	CM14-0023085		
<b>Date Assigned:</b>	05/28/2014	<b>Date of Injury:</b>	09/26/2002
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 was injured approximately 10 years ago. The patient has postlaminectomy syndrome and chronic back pain. The patient complains of having limited mobility in his stiff getting up from a seated position. He does walk. On physical examination his low back is tender to palpation. The spinal cord stimulator does not cover her back pain. The patient reports 9/10 pain. At issue is whether spinal cord stimulator removal is medically necessary and whether a motorized scooter is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT REMOVAL OF SPINAL CORD STIMULATOR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** There is not enough information in the medical records provided for review to justify removal of a spinal cord stimulator. It remains unclear if stimulator repositioning is a decent option. It also remains unclear if the patient simply just wants to have her spinal cord stimulator removed. As such, the request is not medically necessary and appropriate.

**MOTORIZED SCOOTER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The medical records do not indicate that the patient has complete lack of walking ability. There is no evidence of the medical records a motorized scooter is medically necessary. It is not clear that other options for mobility have been exhausted. Criteria for use of motorized walker have not been met. As such, the request is not medically necessary and appropriate.