

<b>Case Number:</b>	CM14-0163183		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/30/2000
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Spinal 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 a 47-year-old female. The patient has chronic back and leg pain. She takes narcotic medications. She had a spinal cord stimulator placed in 2010. It did not help her. She continues to have back and leg pain. On physical examination she has a well-healed back incision. The battery pack for the stimulator is palpable. X-rays of the lumbar spine show previous lumbar fusion. CT lumbar spine show solid fusion of L4-5 and L5-S1. The patient has had trigger point injections. She's been diagnosed with a nonfunctional stimulator and post laminectomy and fusion back pain. Since the stimulator is nonfunctional, the patient has been indicated for stimulator surgical removal. At issue is whether preoperative medical clearance is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.guideline.gov/content.aspx?id=38289Preoperative Evaluation](http://www.guideline.gov/content.aspx?id=38289Preoperative+Evaluation)

**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: Journal neurosurgery spine 2006, September, 5 (3): 183-6.

**Decision rationale:** The medical records indicate that this patient has a non-functional stimulator. While spinal cord stimulator removal is medically necessary, there is no medical necessity cited for pre-operative medical clearance. Removal of the spinal cord stimulator is a rather simple surgical procedure with minimal blood loss. The medical records do not document that this patient has multiple medical problems with significant cardiac or pulmonary risk factors that would warrant preoperative surgical medical clearance. Medical necessity for pre-operative medical clearance has not been established in the medical records.