

<b>Case Number:</b>	CM14-0185927		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	08/13/2010
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 California. 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 57 year old female with a date of injury 08/13/10. The treating physician report dated 09/29/14 indicates that the patient presents with pain affecting the low back and right foot. The physical examination reveals there is weakness in patient's back, bladder incontinence, night pain, fever/chills, no numbness, no bowel incontinence, no sexual dysfunction, and an unexplained weight loss. The patient's pain does interfere with daily activities and sleep. Prior treatment included a Spinal Cord Stimulator implanted on 11/17/11. The current diagnoses are: 1. Complex Regional Pain Syndrome 2. Pain in right foot. The utilization review report dated 10/23/14 denied the request for Spinal Cord Stimulator battery removal based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator battery removal:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

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

**Decision rationale:** The patient presents with low back and right foot pain. The current request is for Spinal cord stimulator battery removal. The treating physician report dated 9/29/14 states, "Patient with pain at IPG (implantable pulse generator) site, Left buttock, after catching on a chair. She has not used the device for quite some time and wishes to have explant. Please preauthorize and schedule IPG explant." The MTUS guidelines recommend Spinal Cord Stimulators in specific cases but remain silent on removing the battery. The ODG guidelines also do not specifically address that status of battery removal but do indicate that battery life is typically 8-9 years. The patient had the SCS installed in 2011, indicating the battery is only 2-3 years old. In this case the treating physician does not go into detailed discussion regarding the abrupt recommendation of removal of the patient's IPG. The current request for review is for the removal of the spinal cord stimulator battery. While the patient may be a candidate for removal of the IPG the current request for removal of the battery is not supported. Recommendation is not medically necessary.