

<b>Case Number:</b>	CM15-0004892		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	07/10/1997
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 63 year old male, who sustained an industrial injury on 7/10/1997. The diagnoses have included lumbar disc displacement, lumbar post-laminectomy syndrome, lumbar radiculopathy and lumbar spinal stenosis. Treatment to date has included spinal cord stimulator (SCS) implantation and medications. According to the pain medication re-evaluation dated 11/6/2014, the injured worker complained of neck pain that radiated down the bilateral upper extremities. He complained of low back pain that radiated down the right lower extremity and frequent muscle spasms in the low back. He complained of pain bilaterally in the elbows and shoulders and in the knees and feet. The injured worker also reported episodic gastrointestinal upset. Objective findings revealed a slow, antalgic gait. Cervical spine exam revealed tenderness to palpation and spasm. Lumbar spine exam revealed tenderness to palpation and spasm. A Toradol injection with B12 was given during the visit. Authorization was requested for removal of the spinal cord stimulator (SCS). It was noted that the injured worker no longer wanted to have a spinal cord stimulator (SCS) unit that required a new battery and was not being authorized for the treatment necessary to get it working. The patient would also like the SCS removed so that he can get an MRI of the lumbar spine. On 12/11/2014, Utilization Review (UR) non-certified a request for a Spinal Cord Stimulator (SCS) removal. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Cord Stimulator Removal: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators(SCS) Page(s): 105-107. Decision based on Non-MTUS Citation Mekhail NA et al. Retrospective Review of 707 Cases of Spinal Cord Stimulation: Indications and Complications; Pain Practice, volume 11, issue 2, 2011, 148-153

**Decision rationale:** MTUS Chronic pain guidelines has specific recommendations concerning use and placement of spinal cord stimulator. Review of quoted papers reviews causes of SCS failure and indications for removal. There is no documentation of what has been done to assess the function of the SCS device. There is vague statement claiming that a battery request was denied but UR was not able to find a denial of battery replacement. There is no documentation of attempts at reprogramming or trouble shooting issues with the device. There is no medical reason for removal of SCS provided. Removal of Spinal Cord Stimulator is not indicated.