

Case Number:	CM15-0109800		
Date Assigned:	06/16/2015	Date of Injury:	01/31/2003
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 01/31/2003. She has reported subsequent low back pain and was diagnosed with post-laminectomy syndrome of the lumbar spine. Treatment to date has included medication, acupuncture, TENS unit and spinal cord stimulator placement. The documentation includes an operative report for spinal cord stimulator placement on 04/24/2015. In a progress note dated 05/18/2015, the injured worker complained of low, bilateral foot and leg pain. No abnormal objective examination findings were documented. The physician noted that the injured worker had presented for reprogramming of the spinal cord stimulator. A request for authorization of interrogation of spinal cord stimulator was submitted. The reason for the request is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interrogation of spinal cord stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation Page(s): 105-107. Decision based on Non-MTUS Citation Official disability guidelines, Pain (chronic) chapter, Spinal cord stimulator.

Decision rationale: The patient complains of pain in lower back pain, bilateral legs, and bilateral feet, as per progress report dated 05/18/15, and is status post spinal cord stimulator implantation, as per operative report dated 04/24/15. The request is for INTERROGATION OF SPINAL CORD STIMULATOR. There is no RFA for this case, and the patient's date of injury is 01/31/03. The patient is status post discectomy in 2005, as per progress report dated 05/18/15. Medications included Norco and Fentanyl patch. The patient is working part-time, as per the same progress report. MTUS Guidelines page 105 to 107 states that spinal cord stimulation is "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back surgery syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004) ODG guidelines, chapter 'Pain (chronic)' and topic 'Spinal cord stimulator' states "In addition, the physician programmer can be used to interrogate the implanted device and determine the estimated remaining battery life." In this case, the patient is status post spinal cord stimulator implantation on 04/24/15, as per the operative report. In progress report dated 05/18/15, the treater states that the patient has returned for reprogramming. The report also states that the "pain is covered well with the spinal cord stimulator," and the incision site is without any signs of infection. In the same report, the treater is requesting for reprogramming of SCS but none of the reports discuss the request for interrogation. MTUS and ACOEM guidelines do not address this issue either. However, ODG guidelines state that a "physician programmer can be used to interrogate the implanted device and determine the estimated remaining battery life." As per ODG recommendation, interrogation of SCS unit is a normal part of programming of the device. It also begs the question why the unit needs to be assessed for battery life when it has just been placed. The request IS NOT medically necessary.