

<b>Case Number:</b>	CM15-0165840		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	02/15/1998
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 58-year-old male who sustained an industrial injury on 2/15/98. Injury occurred relative to a slip and fall. Past medical history was positive for anxiety, sleep apnea, depression, and chronic fatigue. He required multiple cervical and lumbar surgical interventions and was status post L2-S1 and C3-C7 spinal fusions. He underwent spinal cord stimulator trial with good pain relief and subsequent spinal cord stimulator implantation on 3/8/12. The 11/20/14 progress report indicated that the spinal cord stimulator was not providing adequate pain coverage despite numerous attempts at re-programming. The 11/20/14 thoracolumbar x-rays showed the spinal cord stimulator leads were offset. The left was at T6 to T7, and the right was at T8 to T9 and may have crossed. The injured worker experienced lack of coverage shocks and burning pain. It was recommended that the leads be changed to the latest Medtronic percutaneous leads in order to allow the injured worker access to MRI scan studies of 1.5 Tesla or less. The 12/11/14 progress report also recommended a change of the spinal cord stimulator generator to be fully MRI compatible. The 3/5/15 agreed medical examiner report documented walking was now limited to a few blocks, and standing and sitting to less than 30 minutes. Initial benefit was documented with the spinal cord stimulator. Proceeding with the replacement of the spinal cord stimulator with an MRI compatible simulator was opined as reasonable. The 8/5/15 treating physician report documented physical exam findings of bilateral paravertebral muscle and sacroiliac joint tenderness, paravertebral muscle spasms, moderate loss of lumbar range of motion, and positive left mechanical and nerve tension signs. Pain was present along the left femoral nerve and bilateral L5 and S1 dermatomes, left greater than right. There was globally

decreased lower extremity lower extremity sensation, absent left patellar and bilateral Achilles reflexes, and intact motor strength. The spinal cord stimulator needed to be replaced as it was no longer providing pain relief and multiple attempts at reprogramming had failed to provide better coverage. Authorization was requested for re-implantation of a Medtronic MRI compatible spinal cord stimulator, generator, and leads. The treating physician indicated that the agreed medical examiner agreed with the medical necessity of replacement with an MRI compatible spinal cord stimulator. Authorization was requested for re-implantation of a Medtronic MRI compatible spinal cord stimulator generator and leads. The 8/11/15 utilization review non-certified the request for re-implantation of a Medtronic MRI compatible spinal cord stimulator, generator, and leads. The rationale indicated that the injured worker had been certified for explantation of the spinal cord stimulator generator and leads, as the leads had moved. The injured worker reported pain relief and improved function with medications since the spinal cord stimulator had been turned off, and if an MRI was indicated it could be performed once the unit was removed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Reimplantation of a Medtronic MRI (Magnetic Resonance Imaging) compatible SCS (Spinal Cord Stimulator) generator and leads:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

**Decision rationale:** The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have been met. This injured worker has a spinal cord stimulator that is failing to provide adequate pain coverage despite multiple re-programming attempts. There is radiographic evidence of lead malposition. Initial good pain and functional benefit was documented. Explanation of the leads and spinal cord stimulator generator has been certified. Under consideration is a request for reimplantation of a Medtronic MRI compatible spinal cord stimulator unit. Records document on-going neurologic deficits. It seems reasonable to allow for re-implantation of a MRI-compatible unit to allow for future imaging without explanation. Therefore, this request is medically necessary.