

<b>Case Number:</b>	CM15-0196200		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/17/2000
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old male who sustained an industrial injury on 02-17-2000. According to a progress report dated 07-16-2015, the injured worker presented with low back pain. Treatment to date has included spinal cord stimulator placement, trigger point injections, hardware block and hardware removal (06-16-2015). The spinal cord stimulator did not have to be removed. The injured worker used the spinal cord stimulator during the day. He was having trouble with his remote. The provider noted "set up for reprogramming for today" with rep. The injured worker reported some numbness in his legs since the surgery when sitting up straight. It improved only with standing. Low back and lower leg-feet pain was rated 7 on a scale of 1-10. Numbness and tingling were noted. Associated symptoms included "severe" muscle spasms. Current medications included OxyContin, Oxymorphone, Soma and Gabapentin. The injured worker was able to raise from a seated position with "significant" difficulty. Gait was antalgic. He ambulated with cane assistance. Diagnoses included long term use of other medications, myofascial pain syndrome, lumbar spondylosis, lumbar or thoracic radiculopathy and post laminectomy lumbar. Medications were refilled. An authorization request dated August 7th was submitted for review. The requested services included external programmer and external charger. An order dated 09-02-2015 was submitted for review stating that the injured worker required external replacement parts and supplies to support the spinal cord stimulator system. "The implanted device will not function without these items and the patient would be unable to effectively alleviate chronic pain of the trunk and lower limbs." On 09-10-2015, Utilization

Review non-certified the request for external battery charging system and external neurostimulator programmer (lumbar spine).

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

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

**External battery charging system:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DME Durable medical equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal cord stimulators (SCS).

**Decision rationale:** The claimant has a remote history of a work injury in February 2000 and is being treated for chronic pain with a diagnosis of failed back surgery syndrome. He underwent lumbar surgeries in March 2001, October 2005, August 2008, and hardware removal in June 2015. A spinal cord stimulator was implanted in 2012. When seen, there had been a resolution of stabbing pain after the hardware removal. He had clicking in the low back with pain when bending. He had ongoing left lower extremity cramping with numbness and tingling. Physical examination findings included lower lumbar incisional tenderness. There was bilateral lower extremity weakness. Authorization is being requested for an external charging system and programmer. In this case, the claimant is already using a spinal cord stimulator which appears to be functioning. He is having difficulty with the remote controller for the device for an unspecified reason. Replacing the remote and charger without identifying the reason he is having difficulty is not considered medically necessary. For example, if the batteries in the remote need to be replaced then refurbishing the remote unit would be expected. Alternatively, if the charger is not working properly, for example, due to a damaged power cord, the fixing the charger or replacing it would be the proper management. The request that is being submitted is not medically necessary.

**External neurostimulator programmer (lumbar spine):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC 2015: DME, Durable medical equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Spinal cord stimulators (SCS).

**Decision rationale:** The claimant has a remote history of a work injury in February 2000 and is being treated for chronic pain with a diagnosis of failed back surgery syndrome. He underwent lumbar surgeries in March 2001, October 2005, August 2008, and hardware removal in June

2015. A spinal cord stimulator was implanted in 2012. When seen, there had been a resolution of stabbing pain after the hardware removal. He had clicking in the low back with pain when bending. He had ongoing left lower extremity cramping with numbness and tingling. Physical examination findings included lower lumbar incisional tenderness. There was bilateral lower extremity weakness. Authorization is being requested for an external charging system and programmer. In this case, the claimant is already using a spinal cord stimulator which appears to be functioning. He is having difficulty with the remote controller for the device for an unspecified reason. Replacing the remote and charger without identifying the reason he is having difficulty is not considered medically necessary. For example, if the batteries in the remote need to be replaced then refurbishing the remote unit would be expected. Alternatively, if the charger is not working properly, for example, due to a damaged power cord, the fixing the charger or replacing it would be the proper management. The request that is being submitted is not medically necessary.