

<b>Case Number:</b>	CM15-0209552		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/19/1998
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 55-year-old female who sustained an industrial injury on 5/19/98. The mechanism of injury was not documented. Records indicated that she underwent spinal cord stimulator implant on 8/16/12. Past surgical history was positive for left carpal tunnel release, and left rib resection for thoracic outlet syndrome. The 8/10/15 treating physician report cited worsening hand pain, left greater than right, with difficulty gripping objects. She reported problems because of her spinal cord stimulator. She had neck pain and back pain that caused her to not be able to walk or stand for long periods of time. Neck exam documented pain with range of motion and palpation. Back exam documented paraspinal muscle spasms and antalgic gait with front wheeled walker. There was left hand numbness or give way weakness. Medications were refilled. The 9/4/15 treating physician indicated that the injured worker was using her spinal cord stimulator and narcotic medications for management of her chronic pain condition affecting her upper extremities. She was currently having severe right hip pain. Her stimulator was implanted in the right hip region and she wanted it moved to the left side. The device was reportedly caused some burning sensation over the area but was functioning properly and providing stimulation to the left upper extremity. Pain was reported grade 4-5/10. Physical exam findings included hip pain, which may require total hip replacement. Lumbar spine exam showed the battery and stimulator implanted in the right side of the lumbar spine and hip region, with no pain to palpation over the stimulator. There was tenderness over the left shoulder and moderately limited range of motion, moderate spasm and guarding, diminished left upper extremity motor strength, and left C6 and C7 dermatomal sensory deficits. The injured worker

had chronic neuropathic pain in the left upper extremity due to thoracic outlet syndrome and complex regional pain syndrome. There was possible neuroma formation at the spinal cord stimulator site. Authorization was requested for revision of her spinal cord stimulator with transposition of the spinal cord stimulator generator to her left side in order to help her with the neuroma formation and allow her to have the right total hip replacement in the near future. The 10/6/15 utilization review non-certified the request for revision of spinal cord stimulator with transposition of the spinal cord stimulator generator as the documentation provided did not contain any objective findings regarding the injured worker's right hip pathology, imaging evidence of advanced osteoarthritis, or treatment plan regarding surgical intervention.

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

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

#### **Revision of spinal cord stimulator with transposition of SCS generator: Upheld**

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

**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. In this case, the injured worker has a cervical spinal cord stimulator with the generator implanted in the right hip region. The spinal cord stimulator is functioning properly and providing stimulation to the left upper extremity. There is a pain reported over the right hip region with some burning sensation. Moving the spinal cord stimulator to the left side was recommended due to possible neuroma formation on the right side and possible need for future right total hip replacement. Clinical exam findings documented no pain to palpation over the stimulator. There is no imaging or evidence of right hip osteoarthritis, diagnosis of right hip osteoarthritis, or a planned right total hip replacement in the available records. Therefore, this request is not medically necessary at this time.