MAXIMUS Federal Services

Case Number:	CM15-0022819		
Date Assigned:	02/12/2015	Date of Injury:	02/15/2006
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

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: California
Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on 02/15/2006. She is diagnosed with Reflex sympathetic dystrophy (RSD) for which she uses a spinal cord stimulator. A follow up visit dated, 01/20/2015, reported the patient received a denial for a patial knee replacement to left knee with suggestion of aspiration and cortisone injection. The following medicaitons are prescribed; Colace, Cymbalta, Dilaudid Fentanyl, Fosamax, Ibuprophen, Lyrica, Tegaderm, Temazapam , Tizanidine and Volaren gel. On 01/27/2015, a request was made for a spinal cord stimulator replacement. It is noted that the battery of the spinal cord stimulator is not working and it was replaced 7 years ago. It is noted that a revision is needed. It is noted that the injured worker still gets decent coverage and she needs to carry the charger for the spinal cord stimulator. On 01/30/2015, Utilization Review, non-certified, the request, noting the CA MTUS Chronic Pain Guidelines were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Spinal cord stimulator replacement: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 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 Official Disability Guidelines, Pain Chapter, Spinal Cord Stimulator

Decision rationale: According to the MTUS guidelines, indications for stimulator implantation includes Reflex sympathetic dystrophy (RSD), According to the Official Disability Guidelines with regards to spinal cord stimulators, as batteries for both rechargeable and non-rechargeable systems are nearing end of life, there are both early replacement indicators and end of service notifications. Typical life may be 8-9 years for rechargeable batteries, but this depends on the unit. In this case, the medical records indicate that the battery of the spinal cord stimulator was replaced 7 years ago, and the battery is currently not working. The records indicate that the spinal cord stimulator is providing coverage and that the injured worker is currently carrying the charger. As such, given that the the battery was replaced 7 years ago, the request for spinal cord stimulator replacement is supported. The request for 1 Spinal cord stimulator replacement is medically necessary.