

Case Number:	CM15-0221565		
Date Assigned:	11/17/2015	Date of Injury:	04/28/2010
Decision Date:	12/30/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/11/2015

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 64-year-old male who sustained an industrial injury on 4/28/10. Injury occurred when he was removing a trailer door from an RV and heard something pop in his neck. Past surgical history was positive for cervical fusion in 2009, revision cervical fusion and extension in 2011, and failed spinal cord stimulator placement in 2013. Conservative treatment had included acupuncture, epidural steroid injection, facet injections medications, exercise, physical therapy, and activity modification. The 2/11/15 treating physician report indicated that the injured worker had considerable pain in regards to his spinal cord stimulator which had failed and was non-operable. There was tenderness in the lower lumbar area along the palpable spinal cord stimulator battery implant to the right mid back and flank area. Removal of the spinal cord stimulator was requested. The 10/13/15 orthopedic report stated that the injured worker had continued severe pain and dysfunction from the spinal cord stimulator and it needed to be removed to facilitate improved tolerance to activity and function. The 11/5/15 treating physician report cited grade 7/10 persistent neck pain radiating into the bilateral shoulder areas. The injured worker reported adequate pain control with current medications, and he was able to run and work full time. The pain did not go away completely but eased up to the point where he could function. Physical exam documented restricted and painful cervical range of motion, 4/5 upper extremity weakness, and decreased sensation in both hands. Left Achilles reflexes were diminished bilaterally. He was unable to heel or toe walk. He underwent a spinal cord stimulator implant on 9/23/13 and reported that the spinal cord stimulator was not working. He had no relief even after adjustments. He reported adequate pain control with current medications and

denied any side effects. He wanted the spinal cord stimulator removed. Authorization was requested for removal of the spinal cord stimulator. The 10/9/15 utilization review non-certified the request to remove the spinal cord stimulator as records indicated that the request for removal of the spinal cord stimulator had already been approved, and a duplicative request could not be substantiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of spinal cord stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Spinal cord stimulation.

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. This injured worker presents with persistent chronic neck pain radiating into both shoulders. Current medications provide adequate pain control and allow for improved functional ability, including full time work. There is on-going documentation in the medical records that the spinal cord stimulator had failed to provide relief and there was pain at the implantation site that impaired function. There is no detailed documentation in the records that removal of this unit has been currently certified. It seems medically reasonable and appropriate to proceed with removal of the failed spinal cord stimulator to allow for pain reduction and potential improvement in function. Therefore, this request is medically necessary.