

<b>Case Number:</b>	CM15-0055002		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	10/16/1992
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64 year old female, who sustained an industrial injury on 10/16/1992. The mechanism of injury was not provided for review. The injured worker was diagnosed as having lumbar surgery, spinal cord stimulator implant, lumbar facet arthropathy, lumbar radiculopathy, lumbar degenerative disc disease and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 2/20/2015, the injured worker complains of increased low back pain that radiated to the right lower extremity. The treating physician is requesting spinal cord stimulator explant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Explant of the spinal cord stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

**Decision rationale:** The patient presents with lower back pain, right lower extremity pain, right hand pain and tingling and numbness of the fingers. The current request is for explant of the spinal cord stimulator. The treating physician states the patient's stimulator system has not been working for the past nine months and the stimulator battery is dead. The physician goes on to state, "As patient's stimulator battery is dead, I discussed about revision of battery. Patient is worried about not getting an MRI because of the stimulator. She wanted to have a complete explantation of her stimulator system and we will talk about having a new stimulator that is MRI compatible in the future. I then recommend to explant her spinal stimulator system." The MTUS guidelines state, "Should SCS fail, reoperation is unlikely to succeed. (North, 2007) CRPS patients implanted with SCS reported pain relief of at least 50% over a median follow-up period of 33 months. (Taylor, 2006) SCS appears to be an effective therapy in the management of patients with CRPS. (Kemler, 2004) (Kemler, 2000)" In this case, the treating physician states that the patient had excellent benefit while the device was working. There is no indication that the SCS needs to be removed in its entirety, only the exhausted battery. There is medical necessity for replacing the battery. There is no medical justification for explantation of a working SCS. There is nothing in the MTUS or ODG that supports the explantation of a SCS so that one that is MRI compatible. If this were the case, then all SCS and pacemakers that are not MRI compatible can be replaced. The current request for SCS explantation is not medically necessary and the recommendation is for denial.