

Case Number:	CM15-0057098		
Date Assigned:	04/01/2015	Date of Injury:	12/14/2006
Decision Date:	05/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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 male who sustained an industrial injury on 12/14/06. Initial complaints and diagnoses are not available. Treatments to date include back surgery, medications, and a spinal cord stimulator. Diagnostic studies are not addressed. Current complaints include back and radicular leg pain. In a progress note dated 02/09/15 the treating provider reports the plan of care as a battery replacement for the spinal cord stimulator as it is near the end of life. The requested treatment is a battery replacement for the spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

One spinal cord stimulator battery replacement: 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) Treatment Index, 11th Edition (web), 2013, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal cord stimulation (SCS) and Other Medical Treatment Guidelines Medtronic Spinal Cord Stimulation Information for Prescribers.

Decision rationale: The claimant sustained a work-related injury in December 2006 and continues to be treated for failed back surgery syndrome. He underwent spinal cord stimulator placement 5 years ago in March 2000. Being requested is battery replacement. Spinal cord stimulation systems are designed to last for several years without replacement. Neurostimulators may need to be replaced if the device malfunctions or if the battery wears out. The battery life depends on the model and individual usage. Rechargeable neurostimulators have an expected battery longevity of 9 years. In this case, there is no evidence of battery failure and therefore the requested battery replacement is not medically necessary.