

Case Number:	CM15-0059277		
Date Assigned:	04/03/2015	Date of Injury:	04/17/1997
Decision Date:	05/28/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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:

The injured worker is a 51-year-old male who reported an injury on 04/17/1997. The injured worker was diagnosed with low back pain. The injured worker's past treatments included a spinal cord stimulator, nerve blocks/injections, L5-S1 epidural steroid injection on 01/09/2015, narcotic pain medication acupuncture, chiropractic therapy, physical therapy, group therapy, TENS unit, and trigger point injections. Previous diagnostic studies included an x-ray, MRI, CT, myelogram, and an EMG. His current medications included lisinopril 20 mg tablet 1 daily, Protonix 40 mg tablet 1 tablet every 12 hours, Celebrex 200 mg capsule 1 cap 3 times daily, Neurontin 800 mg tablet 1 tablet 3 times a day, Paxil 20 mg tablet 1 tablet daily, Norco 10/325 mg tablet 1 tablet as needed every 8 hours, methadone HCl 10 mg tablet 2 tablets 3 times a day, Xanax 1 mg 1 tablet nightly, simvastatin 20 mg tablet 1 tablet daily, and aspirin 81 mg tablet 1 tablet daily. The evaluation performed on 03/18/2015, indicated the patient underwent removal of the nerve stimulator with pain management. One of the leads was embedded in the abdominal wall and could not be removed. The patient was referred for removal of lead. Evaluation performed on 04/03/2015, indicated the patient had complaints of pain located to the lower back, neck, and right shoulder. The pain was described as aching and radiating pain down the legs. The severity of pain without pain medication was 7/10. The pain was improved by medications, lying down, heat, and ice. The pain was aggravated by activities. The patient was noted to have some postoperative discomfort with a 2.2 stim lead removal. A request has been submitted for removal of nerve stimulator lead under fluoroscopy. The rationale for the requested treatment indicated the patient underwent removal of nerve stimulator with pain management and 1 of the

leads was embedded in the abdominal wall that could not be removed. A Request for Authorization was submitted on 01/19/2015 for the removal of stimulator and leads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal Nerve Stimulator Lead under Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-106.

Decision rationale: The California MTUS Guidelines state spinal cord stimulators are recommended only for selected patients in cases where less invasive procedures have failed or are contraindicated, for a specific condition and following a successful temporary trial. Should spinal cord stimulator fail, reoperation is unlikely to succeed. Although the removal of the nerve stimulator lead is considered, the documentation failed to provide evidence of any significant complications or complaints on the physical examination to warrant the need of the requested surgical procedure. Therefore, the request is not supported. Given the above, the request for removal of nerve stimulator lead under fluoroscopy is not medically necessary.