

Case Number:	CM14-0104673		
Date Assigned:	07/30/2014	Date of Injury:	08/22/2004
Decision Date:	10/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old female who reported an injury on 08/22/2004 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. This ultimately resulted in 3 back surgeries to include a discectomy in 2005 and laminectomy in 2006 and finally a lumbar fusion at the end of 2006. The injured worker continued to have persistent pain complaints of the lumbar spine that radiated into the right lower extremity and ultimately underwent a spinal cord stimulator placement. The injured worker initially underwent a spinal cord stimulator trial that resulted in significant pain relief. This was followed by permanent implantation. The injured worker was evaluated on 09/04/2014. It was documented that the currently implanted device was not providing adequate pain coverage. The injured worker's medications included Norco 10/325 mg and Xanax 1 mg. Physical findings included tenderness to palpation of the midline at the lumbar spine and right hip. The injured worker had significantly limited range of motion of the lumbar spine secondary to pain and 4/5 motor strength of the left lower extremity and 3/5 motor strength of the right lower extremity. The injured worker had reduced sensation to light touch in the right lower extremity. A request was made for a spinal cord stimulatory revision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of the SCS Paddle Lead: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3963052/>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator, Page(s): 106.

Decision rationale: The California Medical Treatment Utilization Schedule does not recommend repeat surgical interventions for spinal cord stimulator implantations. The California Medical Treatment Utilization Schedule does not recommend revision surgery as repeat surgeries are generally unsuccessful. Additionally, the clinical documentation does not provide an imaging study to support that the injured worker has undergone movement of the paddles causing ineffective pain coverage. As such, the requested revision of the SCS paddle lead is not medically necessary or appropriate.