

<b>Case Number:</b>	CM14-0161795		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	07/22/1994
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 64-year-old male who reported an injury on 07/22/1994 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back that resulted in L3-4 and L4-5 laminectomy and discectomy followed by spinal cord stimulator implantation. The injured worker's diagnoses included injury to the dorsal nerve root, transient insomnia, and post laminectomy syndrome of the lumbar region, long term opioid usage, muscle spasming, testicular dysfunction, and impotence of organic origin. The injured worker was evaluated on 08/26/2014. It was documented that the injured worker's implanted spinal cord stimulator was failing secondary to battery exhaustion. It was noted that the injured worker was a candidate for spinal cord stimulator battery replacement. A request for authorization to support the request was submitted on 08/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Boston Scientific IPG (Implantable Pulse Generator): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord stimulator (SCS) Page(s): 105.

**Decision rationale:** The requested 1 Boston Scientific IPG (Implantable Pulse Generator) is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends spinal cord stimulators for patients who have exhausted all lower levels of treatment and have evidence of failed back syndrome. The clinical documentation does indicate that the injured worker previously had an implanted spinal cord stimulator that is no longer functional and requires replacement. However, the clinical documentation fails to provide any evidence of significant functional benefit from the prior spinal cord stimulator. There is no documentation of significant functional decline following the injured worker's spinal cord stimulator dysfunction. Therefore, the need for a replacement would not be supported in this clinical situation. As such, the requested 1 Boston Scientific IPG (Implantable Pulse Generator) is not medically necessary or appropriate.