MAXIMUS Federal Services

Case Number:	CM14-0212476		
Date Assigned:	01/02/2015	Date of Injury:	03/31/1998
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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 60-year-old male who reported an injury on 03/31/1998. The mechanism of injury was not specified. His diagnoses include end of life spinal cord stimulator battery, progressive chronic lumbar radiculopathy, lumbar postlaminectomy syndrome, status post spinal cord stimulator implant, and chronic medication. The diagnostic studies were not provided within the documentation. His surgical history includes a fusion from L3-S1. On 11/06/2014, the injured worker presented with progressive ongoing low back pain of 6/10 that radiated down into the bilateral lower extremities, with associated weakness. He reported 70% pain relief in the bilateral lower extremities with use of a spinal cord stimulator. However, he also reported that his low back pain was not adequately addressed by the spinal cord stimulator, and he had falling episodes secondary to right lower extremity weakness. The physical examination revealed the injured worker to have a Medtronic spinal cord stimulator with a battery that was last replaced in 2007. There was evidence of low back pain that radiated into the L3-4 distribution, numbness and weakness with sitting for more than 20 minutes, and decreased motor strength in the bilateral hip flexors. The injured worker unable to perform a heel toe walk. There was also evidence of decreased sensation in the lateral thigh (unspecified side). His medications include methadone, tramadol, Lidoderm patch (for the back), Valium, and Neurontin. The treatment plan included a replacement of the IPG battery (Medtronic). A rationale for the request was not documented. The Request for Authorization form was submitted for review on 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replace IPG battery (Medtronic): 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), Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Spinal cord stimulators (SCS).

Decision rationale: According to the Official Disability Guidelines, the typical life of a rechargeable battery for a spinal cord stimulator is 8 to 9 years, depending on the unit, and a physician programmer can be used to interrogate the implanted device to determine the estimated remaining battery life. The clinical documentation indicates the last battery replacement was in 2007; however, there was insufficient documentation indicating the estimated remaining battery life to necessitate a battery replacement. Therefore, the request for replace IPG battery (Medtronic) is not medically necessary.