

Case Number:	CM15-0016509		
Date Assigned:	02/04/2015	Date of Injury:	03/18/2002
Decision Date:	03/20/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/28/2015

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: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 69 year old male sustained an industrial injury on 3/18/02, with subsequent ongoing back pain. No recent magnetic resonance imaging was submitted for review. In an office visit dated 7/18/14, the injured worker rated his pain at 3/10 on the visual analog scale with medications. In a PR-2 dated 12/16/14, the injured worker complained of pain on the lower back with radiation down bilateral legs to the feet. The injured worker reported that the pain was the same as last visit in November. The injured worker rated his pain 3/10 on the visual analog scale. Physical exam was remarkable for positive straight leg raise bilaterally, diminished range of motion to the lumbar spine due to pain, palpable lumbar spine muscular spasms and kyphotic posture. Current diagnoses included post laminectomy syndrome, lumbar spine stenosis and lumbar spine degenerative disc disease. The injured worker ambulated with a walker. The treatment plan included requesting authorization for Medtronic spinal cord stimulator reprogramming as the injured worker had increased pain and suboptimal stimulation in his painful areas. There was another similar episode in note dated 7/18/14 where there was increased pain that improved the following month. On 1/23/15, Utilization Review noncertified a request for Medtronic Spinal Cord Stimulator Reprogramming noting lack of indication of significant change in pain indicating Stimulator malfunction and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medtronic Spinal Cord Stimulator Reprogramming: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 38.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators(SCS) Page(s): 104-107. Decision based on Non-MTUS Citation Mekhail NA et al. Retrospective Review of 707 Cases of Spinal Cord Stimulation: Indications and Complications; Pain Practice, volume 11, issue 2, 2011, 148-153

Decision rationale: MTUS Chronic pain guidelines has specific recommendations concerning use and placement of spinal cord stimulator. Rate of complication of hardware failure was relatively low and mostly involve lead issues. The provider has failed to provide any evidence of hardware failure requiring reprogramming. Patient has had similar complaints in the past that resolved by itself without need for reprogramming which may be related to the character of patient's chronic pain and reprogramming of the device should not be first reaction everytime pain changes. There is no medical need for reprogramming of spinal cord simulator.