

<b>Case Number:</b>	CM15-0017130		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	02/15/1998
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57-year-old male who reported an injury on 02/15/1998. The mechanism of injury involved a fall. The current diagnoses include status post spinal cord stimulator implant, malpositioned/migrated SCS leads, malfunctioning SCS generator implant, cervical postdecompression and fusion syndrome, cervical radiculitis, cervical facet joint pain, lumbar postdecompression and fusion syndrome, lumbar radiculitis, failed back surgery syndrome, sacroiliac joint pain and left femoral neuropathy. The injured worker presented on 12/11/2014 for a followup evaluation with complaints of persistent cervical and lumbar spine pain with radiation into the bilateral upper and lower extremities. The injured worker reported an improvement in symptoms with rest, ice, heat and medications. Upon examination there was markedly reduced cervical range of motion, diffuse tenderness to palpation, positive cervical compression test, 5/5 motor strength and intact sensation. Examination of the lumbar spine revealed bilateral paravertebral muscle spasms and tenderness, bilateral sacroiliac joint tenderness, limited range of motion and positive straight leg raise on the left and positive Kemp's sign. There was decreased sensation to light touch throughout the left lower extremity. Recommendations at that time included removal of the spinal cord stimulator system with revision of the spinal cord stimulator leads. The injured worker was instructed to continue with the current medication regimen of Norco 10/325 mg and Lyrica 75 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Spinal cord stimulator generator replacements: 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) and National Clearing House

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

**Decision rationale:** California MTUS Guidelines recommend spinal cord stimulators for selected patients. In this case the injured worker has been issued authorization of a revision of the spinal cord stimulator leads secondary to migration. However, there was no indication that the spinal cord stimulator generator had stopped working. Therefore, the medical necessity for a generator replacement has not been established. As such, the request is not medically necessary.