

<b>Case Number:</b>	CM15-0112630		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Physical Medicine & Rehabilitation

### 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 49 year old female who sustained an industrial injury on January 31, 2003. He has reported lower back pain and has been diagnosed with post laminectomy syndrome, lumbar region. Treatment has included surgery, medication, and a spinal cord stimulator. Incision site was without signs of infection. Suture end present at inferior end of midline incision. She was in for reprogramming of the spinal cord stimulator. The treatment request included 1 reprogramming of spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) reprogramming of spinal cord stimulator:** 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 Chapter, Spinal Cord Stimulators (SCS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulation Page(s): 105-107. Decision based on Non-MTUS Citation Official disability guidelines Pain (chronic) chapter, Spinal cord stimulator.

**Decision rationale:** The patient presents on 05/18/15 with pain in the bilateral legs and feet rated 5/10, and associated numbness and tingling in the affected extremities. The patient's date of injury is 01/31/03. Patient is status post L5-S1 laminectomy in 2005, and spinal cord stimulator implantation on 04/24/15. The request is for one (1) reprogramming of spinal cord stimulator. The RFA was not provided. Physical examination dated 05/18/15 reveals SCS incision site without signs of infection, with the suture end present and the inferior end of the midline incision. No other abnormal physical findings are included. The patient is currently prescribed Norco and Fentanyl patches. Diagnostic imaging was not provided, however progress note dated 05/18/15 discusses 01/24/14 lumbar MRI as showing: "L3-4 disc desiccation with slight posterior loss of disc space height... mild facet os or arthropathy with joint effusions... L4-5 disc desiccation with loss of disc space height, spondylosis and diffuse annular bulging... L5-S1 disc desiccation with preservation of disc space height... Moderate bilateral facet osteoarthropathy... right laminectomy defect." Patient is currently working part-time. Guidelines do not address the programming/reprogramming of spinal cord stimulators, though MTUS Guidelines page 105 to 107 states that spinal cord stimulation is "recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back surgery syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. (Flotte, 2004) ODG guidelines, chapter 'Pain (chronic)' and topic 'Spinal cord stimulator' states, "In addition, the physician programmer can be used to interrogate the implanted device and determine the estimated remaining battery life." In regard to the prospective request for reprogramming of this patient's spinal cord stimulator, the treater has not provided a reason for the request. Progress note dated 05/18/15 has the following regarding the efficacy of the unit in place, stating: "the burning pain at the site has resolved and driving to work is much more comfortable. The pain is covered well by the spinal cord stimulator. She reports that some days throughout the month the breakthrough pain is less and she is able to use only about 3-4 Norco, the other days it is about 5-6 tablets." The assessment portion of the examination has the following statement: "██████████ presents for reprogramming of the spinal cord stimulator. Today adaptive stimulation was turned on." While the provider is justified in programming/reprogramming the implanted unit to achieve better analgesia, it is unclear how simply switching the SCS mode of action can be classified as separately billable service, as it does not require any invasive techniques. Furthermore, there is documented improvement in this patient's symptoms with the current settings, it is unclear why the treater would seek to reprogram the unit if it is already functioning effectively. Without a rationale provided as to why such reprogramming is routinely required, or cannot be carried out as part of this patient's regular follow-up visits, the medical necessity of the request as written cannot be substantiated. The request is not medically necessary.