

Case Number:	CM15-0113756		
Date Assigned:	06/26/2015	Date of Injury:	02/15/1998
Decision Date:	09/28/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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: Illinois, California, 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:

This injured worker is a 58-year-old male who sustained an industrial injury on 2/15/98, relative to a slip and fall. He underwent eight lumbar spine surgeries with subsequent lumbar laminectomy and decompression from L3-S1, L5/S1 fusion, and anterior discectomy and interbody fusion at L2/3 and L3/4 in 2009. He is also s/p C3-C7 anterior posterior cervical fusion. He underwent spinal cord stimulator implant on 3/8/12. The 5/21/15 treating physician report documented that x-rays of the spinal cord stimulator leads indicated that the leads were offset and the contact spacing was different and overlapped. He complained of lack of coverage, shocks and burning pain. The spinal cord stimulator was not providing adequate pain coverage despite numerous reprogramming attempts. He had cervical spine pain radiating to the bilateral upper extremities and lumbar spine pain radiating to the bilateral lower extremities. The treating physician reported that the injured worker had achieved good relief with the spinal cord stimulator previously and wanted the unit replaced. The replacement of a new generator and leads would allow for MRI scans if indicated. Current pain was reported as grade 6-7/10. Authorization was requested for removal of the current spinal cord stimulator generator and leads and replacement with Medtronic restore sensor SureScan MRI neurostimulation generator and vectris SureScan MRI leads. The 6/3/15 utilization review non-certified the request for replacement of the spinal cord stimulator generator and leads as the injured worker had turned the unit off for over a year and had been able to maintain his pain at a grade 6-7/10 level with current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement with Medtronic restore sensor SureScan MRI Neurostimulator generator and vectris SureScan MRI leads: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have been met for the use of a spinal cord stimulator. The current spinal cord stimulator lead wires failed over a year ago. The injured worker reported lack of adequate coverage and shocks/burning pain. There is radiographic evidence of lead placement failure. The replacement of the generator and lead wire to upgraded MRI compatible spinal cord stimulator technology has been requested to allow for future imaging as needed. This request is reasonable as replacement of the lead wires is indicated due to failure, and upgrading to MRI compatible technology in the same setting is appropriate. Therefore, this request is medically necessary.