MAXIMUS Federal Services

| Case Number: | CM15-0149595 | | |
|---|---|---|---|
| Date Assigned: | 08/12/2015 | Date of Injury: | 11/04/1999 |
| Decision Date: | 10/02/2015 | UR Denial Date: | 07/27/2015 |
| Priority: | Standard | Application Received: | 08/01/2015 |

## 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: New Jersey, New York
Certification(s)/Specialty: Family Practice

## 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 56 year old male with an industrial injury dated 11-04-1999. The injured worker's diagnoses include SCS (spinal cord stimulation) implant on 02-19-2015, L4-S1 fusion 2000 and hardware removal 2003. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-09-2015, the injured worker reported localized discomfort near the site of spinal cord stimulator. Objective findings revealed slight swelling in the lower thoracic spine at the midline and tenderness to palpitation. The treatment plan consisted of medication management and follow up visit with doctor who placed the spinal cord stimulator. In a more recent progress note dated 07-14-2015, the injured worker reported midline swelling and irritation over the stimulator lead insertion sites and anchor. Objective findings revealed slight swelling and significant tenderness to light touch or pressure over the anchors. The treating physician prescribed services for revision of spinal cord stimulator lead x 2 and generator, now under review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision of spinal cord stimulator lead x 2 and generator:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

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

**Decision rationale:** The request for spinal cord stimulator lead and generator revision is medically necessary. In a progress note, it was noted that the patient had improved back and leg pain with the SCS. However, he had tenderness and swelling over the generator site that did not improve with conservative care. Even though the revision of the SCS lead and generator is not specifically covered by the MTUS, it can be inferred that since it is effective for the patient that a repeat spinal cord lead and generator revision is supported and is medically necessary.