

Case Number:	CM15-0027788		
Date Assigned:	02/20/2015	Date of Injury:	03/22/1995
Decision Date:	04/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker (IW) is a 69 year old female who sustained an industrial injury on 03/22/1995. She has reported low back pain that comes and goes throughout the day. She also has wrist, and hand pain. She describes that pain as a dull ache. Pain increases and decreases with activity and cold weather, and is rated as a 6-7/10 with medications and an 8- 9/10 without medication. Diagnoses include: Post Laminectomy Syndrome, lumbar; lower back pain; chronic pain syndrome; and muscle spasms. Treatment to date includes medications and use of an implanted spinal cord stimulator. A progress note from the treating provider dated 12/24/2014 indicates the IW is having lower back pain. No assessment or objective examination of the lower back is described. Currently she is taking Gabapentin 400 mg 4 times daily, Skelaxin 800 mg 4 times daily and has a spinal cord stimulator. She was given information regarding replacement of the spinal cord stimulator and placement of new leads. On 01/23/2015 Utilization Review non-certified a request for spinal cord stimulator replacement 2 leads. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cord stimulator replacement 2 leads: Upheld

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 stimulator Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Spinal cord stimulator.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, spinal cord stimulator replacement (SCS) (2 lead) is not medically necessary. Spinal cord stimulation is supported by the chronic pain medical treatment guidelines and official disability guidelines in patients failed less invasive procedures. Indications for stimulator implantation are complex regional pain syndrome when all the following are present; limited response to interventional care; psychological clearance; no current evidence of substance abuse; no contraindications to a trial; permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after a temporary trial. In this case, the injured worker's working diagnoses are post laminectomy syndrome lumbar; lower back pain; chronic pain syndrome; and muscle spasms. The documentation contains an order with a date of service December 24, 2014 that state MRI incompatibility SCS malfunction. The procedure is for a spinal cord stimulator revision with MRI compatible Medtronic device. The medical record contains 38 pages. The injured worker had a prior spinal cord stimulator implanted and a replacement is recommended by the provider. There is no documentation of objective functional improvement with the first device. The provider noted MRI incompatibility as a reasonable replacement. There is no statement identifying the medical necessity for an MRI. Additionally, there are no signs or symptoms that would support the need for an MRI. Consequently, absent clinical documentation with an indication and rationale support the need for a spinal cord stimulator revision, spinal cord stimulator replacement (SCS) (2 lead) is not medically necessary.