

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/23/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	9/11/2001
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003491

- 1) MAXIMUS Federal Services, Inc. has determined the request for one trial of a spinal cord stimulator **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for one trial of a spinal cord stimulator **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013:

“The patient is a 51 year old male with a date of injury of 9/11/2001. Under consideration are prospective requests for I fluoroscopically guided transforaminal therapeutic epidural steroid injection at L2-L3 bilaterally and I trial of lumbar spinal cord stimulation.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/9/13)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request** one trial of a spinal cord stimulator:

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009) no page cited, a part of MTUS. The Expert Reviewer found no section of the MTUS was applicable and relevant to the issue at dispute. The Expert Reviewer found the Official Disability Guidelines, (Online

Version), Pain Chapter, Spinal Cord Stimulators, a medical treatment guideline, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 09/11/2001. The medical records submitted for review indicate the employee has previously undergone multiple interventions including conservative care, as well as surgical proceedings of the lumbar spine. The provider recommends a spinal cord stimulator trial due to failure of previous conservative methods.

Official Disability Guidelines state spinal cord stimulators are recommended for a select group of patients in cases when less invasive procedures have failed or are contraindicated. It is sometimes recommended for failed back syndrome, defined as persistent pain in patients who have undergone at least 1 previous back operation, and is more helpful for lower extremity than low back pain; although, both stand to benefit. The records submitted for review reflected a positive response to epidural steroid injections, including subjective reduction in pain, medication, and objective improvement upon examination. The employee also reported an increase in activities of daily living. Therefore, a trial of a lumbar spinal cord stimulator would not be congruent with the current guideline recommendations. The request for one trial of a spinal cord stimulator is not medically necessary or appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.