

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/26/2013
Date of Injury: 12/12/2003
IMR Application Received: 7/31/2013
MAXIMUS Case Number: CM13-0005079

- 1) MAXIMUS Federal Services, Inc. has determined the request for AP and lateral x-rays lumbar spine x 1 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one time psychological consultation to evaluate for spinal cord stimulator trial x 1 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 AP and lateral x-rays lumbar spine x 1 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one time psychological consultation to evaluate for spinal cord stimulator trial x 1 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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.

Expert Reviewer Case Summary:

According to the 7/5/2013 report, the patient is a 58-year-old female with a history of cervical and lumbar radiculopathy, bilateral upper and lower extremities, and knee pain. She was injured on 12/12/2003. The patient has had prior epidural steroid injection (ESI). The patient was given information on a spinal cord stimulator (SCS) and the request is for x-rays and for psychiatric clearance for an SCS. The patient's surgical history includes bilateral knee replacement in 2005. There was no history of lumbar or failed back surgery, no mention of complex regional pain syndrome (CRPS), multiple sclerosis (MS), amputation, herpetic neuralgia, or peripheral vascular disease.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for AP and lateral x-rays lumbar spine x 1:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pages 303-305, which is part of the MTUS.

Rationale for the Decision:

The ACOEM guideline states “Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks”. The records submitted for review indicate that there was no lumbar examination performed on 3/13/2013, 4/9/2013, or 7/5/2013. There does not appear to be any interim reports of trauma or development of red-flag conditions that would support a lumbar radiograph. **The request for AP and lateral x-rays lumbar spine x 1 is not medically necessary and appropriate.**

2) Regarding the request for one time psychological consultation to evaluate for spinal cord stimulator trial x 1:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Psychological Evaluations, IDDS & SCS (intrathecal drug delivery systems and spinal cord stimulators), pages 101, and 105-107, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines support psychological clearance for patients who require spinal cord stimulators (SCS). However, the records submitted for review indicate the employee does not meet the guideline requirements for an SCS. The employee’s surgical history does not include lumbar or failed back surgery, CRPS, MS, amputation, herpetic neuralgia or peripheral vascular disease, which are considered indications for the requested SCS trial. **The request for one time psychological consultation to evaluate for spinal cord stimulator trial x 1 is not medically necessary and 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,

Paul Manchester, MD, MPH
Medical Director

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

/sab

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.