

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	4/21/2005
IMR Application Received:	8/5/2103
MAXIMUS Case Number:	CM13-0007394

- 1) MAXIMUS Federal Services, Inc. has determined the request for one trial of thoraco-lumbar spinal cord stimulator **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. 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 thoraco-lumbar spinal cord stimulator **is 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 Preventive Medicine and Occupational Medicine 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:

All medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [REDACTED], is a represented former [REDACTED] driver who has filed a claim for chronic low back pain, reportedly associated with an industrial injury of April 21, 2005.

Thus far, he has been treated with the following: Analgesic medication; transfer of care to and from various providers in various specialties; prior lumbar laminectomy; unspecified number of epidural steroid injections; and extensive periods of time off work.

In a utilization review report of July 24, 2013, the claims administrator denied a request for three-month trial of a thoracolumbar spinal cord stimulator.

In a prior handwritten note of June 10, 2013, it is suggested that the applicant remains off work, on total temporary disability.

Another progress note of June 21, 2013, suggests that the applicant is Spanish speaking; status post spine surgery in 2008; and has recently consulted another spine surgeon, who offered the applicant a two-level lumbar fusion surgery, which the applicant does not wish to pursue. The applicant has apparently been psychologically cleared for spinal cord stimulator trial. He exhibits well-healed lumbar incision lines and limited range of motion with 5/5 lower extremity strength. The applicant, incidentally noted, has also developed depression secondary to chronic pain. He is asked to obtain a spinal cord stimulator trial and continue unspecified psychotropic medications which, per prior psychiatry note of June 20, 2013, include Ambien and Ativan.

The same psychiatrist writes on June 4, 2013, that he believes that a spinal cord stimulator would provide some relief for him.

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 one trial of thoraco-lumbar spinal cord stimulator:

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

The Claims Administrator based its decision on the California Chronic Pain Medical Treatment Guidelines (May 2009). Which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 106-107, which is a part of the MTUS.

Rationale for the Decision:

As noted on page 107 of the MTUS Chronic Pain Medical Treatment Guidelines, indications for stimulator implantation include failed back syndrome, particularly in individuals who have residual neuropathic pain. After a review of the medical records provide, in this case, the employee does indeed carry a diagnosis of failed back syndrome, status post prior lumbar laminectomy. The employee apparently does not wish to pursue further spine surgery. Page 106 of the MTUS Chronic Pain Medical Treatment Guidelines further suggests that spinal cord stimulation for failed back syndrome has a higher success rate than re-operation. It appears, furthermore, that the employee has exhausted numerous other treatment options including analgesic medications, adjuvant medications, psychotropic medications, etc. A trial of a spinal cord stimulator may therefore be indicated in this context. **The request for one trial of a thoraco-lumbar spinal cord stimulator is 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

/pr

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.