

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/11/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/23/2013

11/21/2003

8/2/2013

CM13-0007794

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 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 Anesthesiology, has a subspecialty in Pain Management 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:

██████ is a 55 year old with chronic neck pain from established work injury 11/21/2003. Pain is noted to be into the cervical spine with radiation into the upper extremities. Surgery had been recommended for multilevel fusion from C3 to C7, but due to severe osteoporosis and current smoking noted by her providers, she is not a current surgical candidate with T-score of -2.64. MRI 9/26/12 noting disc protrusion C3/4 and C5/6 with moderate central canal stenosis. At C4/5 and C5/6 disc protrusion with mild central canal stenosis. PE notable for tenderness into the cervical rigidity and tenderness bilaterally, decreased range of motion in the cervical spine. Decreased sensations with muscle weakness into the right arm with decreased reflexes and range of motion. Previous cervical RFA 8/27/13 with up to 70% pain relief. 6/19/13- Dr. ████████ agreeing with spinal cord stimulation trial. Psychological clearance obtained from provider 6/25/13.

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 Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 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 Chronic Pain Medical Treatment Guidelines, pages 105-107, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Spinal Cord Stimulators, pages 105-107, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that permanent implantation requires evidence of 50% pain relief and medication reduction for functional improvement after temporary trial. The medical records provided for review indicate that the employee has been dealing with pain into the neck with pain and radiculopathy. The medical records do not show that the employee received other medical therapeutic intervention for the chronic pain. **The request for 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

/sh

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.