

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	9/25/2013
Date of Injury:	8/22/2004
IMR Application Received:	10/7/2013
MAXIMUS Case Number:	CM13-0032320

- 1) MAXIMUS Federal Services, Inc. has determined the request for **urgent removal and replacement of a boston scientific spinal cord stimulator paddle lead is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 10/7/2013 disputing the Utilization Review Denial dated 11/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 12/6/2013. 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 **urgent removal and replacement of a boston scientific spinal cord stimulator paddle lead 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The claimant is a 46-year-old female presents with low back pain radiating down the right lower extremity. The claimant's pain began following a work-related accident on August 22, 2004. The claimant subsequently underwent 3 back surgeries including a discectomy in July 2005, a laminectomy in July 2006 and the lumbar fusion in December 2006. The claimant continues to have pain despite the surgeries. The pain is localized to the low back in the midline of the lower lumbar region and over the right buttock. The pain radiates down to the anterior and posterior aspect of the right lower extremity and into the foot. The pain is described as constant and interfering with her daily life activities including sleep. The claimant underwent an implantation of the spinal cord stimulator. The medical records note that the enrollee had 50% relief with the spinal cord stimulator. The medical records on May 20, 2013 notes that the spinal cord stimulator is no longer functioning normally. The claimant's relevant medications include Nucynta 100 mg 1 tab every 6 hours as needed for pain, Lidoderm patches, and Xanax 1 mg 1 tab every 12 hours as needed for pain. The claimant's physical exam was significant for wound site for spinal cord stimulator anchor IPG which are well intact, antalgic gait, marked tenderness in the midline of the lumbar spine and over the right hip, decreased range of motion with flexion and extension and lateral rotation of the lumbar spine, 4-5 motor strength in all muscle groups on the left side, 3 out of 5 motor strength in all muscle groups on the right side, and reduced sensation to light touch in the right lower extremity. The claimant was diagnosed with postlaminectomy syndrome of the lumbar spine and degenerative disc disease of the lumbar spine.

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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for urgent removal and replacement of a Boston Scientific spinal cord stimulator paddle lead:

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 “The prospective evaluation of safety and success of a new method of introducing percutaneous paddle leads and compoex arrays with an epidural access system”, <http://www.ncbi.nlm.nih.gov/pubmed/22296616>, which is not part of the MTUS.

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

Rationale for the Decision:

The California MTUS does not make a statement on removal or replacement of spinal cord stimulators; however page 107 of MTUS does list indications for implantation including “failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit”. After a review of the submitted medical records in this case, spinal cord stimulation is indicated per MTUS guidelines, but there is lack of documentation and indication for removal and replacement of the current spinal cord stimulator. The medical records only state that one lead is not functioning but the reason for the malfunctioning was not documented. If there is a malfunction of one lead due to migration, the stimulator should be revised rather than replaced. It seems that the generator is still functioning; therefore it is not medically necessary to replace the whole unit. The also does not seem to be an indication to place stimulator leads over paddle leads. Paddle leads require a much more extensive operation. **The request for urgent removal and replacement of a Boston Scientific spinal cord stimulator paddle lead 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

/lkh

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.