

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/6/2013
Date of Injury:	5/4/2001
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011100

- 1) MAXIMUS Federal Services, Inc. has determined the request for SSEP (somatosensory evoke potential) of the lower extremities **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Cidaflex #90 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 SSEP(somatosensory evoke potential) of the lower extremities **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Cidaflex #90 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

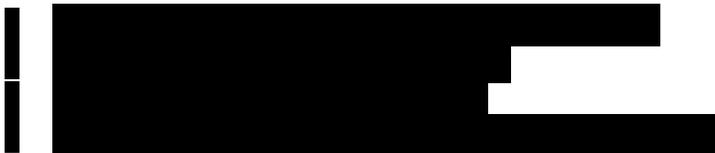
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology and is licensed to practice in California. He/she has been in active clinical practice for more than five 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:

The patient has history of injury in 2001. There have been 3 surgical procedures to the cervical spine, with residual numbness described across the left upper extremity, torso, and lower extremity. There have been complaints of neck pain, left sided numbness, cognitive changes, knee pain, snoring. On 2/21/2012, MRI of the C spine has shown multiple small disk bulges, without cord compression, and MRI of the T spine was read as normal. Diagnoses have included cervical disc disease with radiculopathy, s/p head injury, depression, knee strain. Exam was described as decreased sensation in C4-5 as well as torso and lower extremity, and mild swelling about the knee, and reduced knee flexion bilaterally. SSEP (somatosensory evoke potential) testing of the lower extremities was requested and denied.

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:



1) Regarding the request for SSEP (somatosensory evoke potential) of the lower extremities:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back and Neck Chapters. which are not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Neck Chapter and Low Back Chapter, which are not part of MTUS.

Rationale for the Decision:

MTUS does not address SSEP testing. ODG references SSEP: Recommended as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients. Not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic.”

A review of the records indicates that the reported examination findings of sensory changes and increased reflexes might reflect cervical cord pathology, but not more distally. There has been prior imaging of the cervical and thoracic spine with MRI, and upper extremity SSEPs. Lower extremity SSEPs cannot add to the relevant diagnostic picture and are not indicated. **The request for SSEP (somatosensory evoke potential) of the lower extremities is not medically necessary and appropriate**

2) Regarding the request for Cidaflex #90 :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines-glucosamine, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate) pg. 50, which is a part of the MTUS.

Rationale for the Decision:

A review of the records indicates that this employee has had bilateral knee pain that has been progressive, presumed due to arthritis. Conservative treatment has been advised. Study of Glucosamine (and Chondroitin Sulfate) per MTUS “Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride”

Cidaflex is a combination product of chondroitin and glucosamine. The specific dosing and formulation per web search contains Glucosamine hydrochloride 500mg, Chondroitin Sulfate 400mg. Per MTUS chronic pain, “Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate

(GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride”... “The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain.”... “Compelling evidence exists that GS may reduce the progression of knee osteoarthritis. Results obtained with GS may not be extrapolated to other salts (hydrochloride) or formulations (OTC or food supplements) in which no warranty exists about content, pharmacokinetics and pharmacodynamics of the tablets”.

As Cidaflex contains a component that is not advised (glucosamine hydrochloride), the product is thus not advised. **The request for Cidaflex #90 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

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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.