

## Independent Medical Review Final Determination Letter

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[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/31/2013

<b>IMR Case Number:</b>	CM13-0017256	<b>Date of Injury:</b>	09/08/2003
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/27/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] DO		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
CYCLOBENZAPRINE 7.5MG, SPINAL CORD STIMULATOR TRIAL PAIN, PSYCHOLOGICAL CONSULTATION FOR SIPNAL CORD STIMULATOR CLEARANCE			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Maryland and Texas. 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51-year-old male who reported an injury on 09/08/2003 due to a fall causing injury to the left shoulder and right knee. The patient was conservatively treated with physical therapy and injection therapy. The patient underwent electrodiagnostic studies that revealed no abnormalities. The patient underwent surgical intervention to include microlumbar decompressive surgeries in 2005 and 2010. The patient's physical findings included restricted range of motion in the cervical, thoracic and lumbar spine in all planes, and positive facet loading at the right C4-5, C5-6, and C6-7. It was also noted that the patient had decreased sensation at the C5, C6, C7, and C8 dermatomes on the left and decreased sensation on the right L3, L4, L5, and S1 dermatomes. The patient's treatment plan included a spinal cord stimulator trial.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. Cyclobenzaprine 7.5 mg is not medically necessary and appropriate.**

The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines and the ODG Pain Chapter.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pg. 64 which is part of MTUS.

The Physician Reviewer's decision rationale:

The patient does have low back pain with radicular symptoms. California Medical Treatment Utilization Schedule recommends a short course of therapy of cyclobenzaprine for patients who require a skeletal muscle relaxant. The clinical documentation submitted for review does not provide any objective findings of muscle spasm or tension that would require a muscle relaxant. As such, the requested cyclobenzaprine is not medically necessary or appropriate.

## **2. Spinal cord stimulator trial is not medically necessary and appropriate.**

The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines and the ODG Pain Chapter.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Spinal cord stimulaors, pg. 105-108, which is part of MTUS.

The Physician Reviewer's decision rationale:

California Medical Treatment Utilization Schedule recommends a spinal cord stimulator trial for patients who have had at least 1 failed back surgery and have undergone a psychological evaluation determining potential for a positive outcome of the spinal cord stimulator trial. The clinical documentation submitted for review does provide evidence that the patient has exhausted all conservative treatments and has had 2 previous surgical interventions. However, there is no documentation that the patient has already undergone a psychological evaluation determining potential of a successful outcome of a spinal cord stimulator trial. As such, the requested spinal cord stimulator trial is not medically necessary or appropriate.

## **3. Pain psychological consultation for spinal cord stimulator clearance is medically necessary and appropriate.**

The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines and the ODG Pain Chapter.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Psychological evaluations, IDDS & SCS, pg. 101, which is part of MTUS.

The Physician Reviewer's decision rationale:

The clinical documentation submitted for review does provide evidence that the patient may be a candidate for a spinal cord stimulator trial as they have exhausted all conservative treatments and have persistent pain. It is also noted within the documentation that the patient has previously undergone 2 spine surgeries that failed to resolve the patient's symptoms. Therefore, it would be medically appropriate for the patient to undergo a psychological evaluation to determine the appropriateness of a spinal cord stimulator trial for this patient. California Medical Treatment Utilization Schedule does recommend psychological evaluations prior to a spinal cord stimulator trial. Therefore, the pain psychological consultation for spinal cord stimulator clearance is medically necessary and appropriate.

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.

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