

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/2/2013



Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	9/15/2000
IMR Application Received:	8/29/2013
MAXIMUS Case Number:	CM13-0018026

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **spinal cord stimulator trial is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 a **spinal cord stimulator trial 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 involved was injured on September 15, 2000 working as a laborer for a concrete construction company. He fell off a six-foot fence, landing on his back. Per documentation CT discogram from 2009, reveals a disc protrusion at L4-5 and a right annular tear with protrusion at LS-S I. The patient has had extensive conservative care including physical therapy and medical management. He follows a regular exercise regimen. Per notes "patient has been trialed on multiple medication regimens including short and long-acting opiates, anti neuropathic pain, meds as appropriate anti-inflammatories etc., and continues to have pain." The issue presented is whether a spinal cord stimulator trial is appropriate. The patient was denied this in the past because the patient did not meet guidelines for medical necessity.

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 a spinal cord stimulator trial:

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 CA MTUS, Spinal Cord Stimulators (SCS), which is part of the MTUS.

The Expert Reviewer based his/her decision on the The Chronic Pain Medical Treatment Guidelines, Spinal Cord Stimulators, pgs 105-107, which is part of the MTUS and the Official Disability Guidelines (ODG), Spinal Cord Stimulator Section, which is not part of the MTUS..

Rationale for the Decision:

Spinal cord stimulator is not medically necessary for this employee. The guidelines indicate that the use of a spinal cord stimulator is a last resort when all other conservative attempts to control a patient's pain have failed, (i.e. various medications including neuroleptics for neuropathic pain, injections, physical therapy.) In the medical records reviewed in this case there is a note that states that the employee has had physical therapy but there is no documentation of the type of therapy performed or the outcome. Also, there is no documentation that the employee has attempted lumbar injections as another form of conservative measure. **The request for a spinal cord stimulator trial 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

/pas

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.