

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/25/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/23/2013

9/1/2009

7/24/2013

CM13-0003037

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 psychological evaluation for spinal cord stimulator (SCS) **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 Psychiatry 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 23, 2013:

"According to the medical records, the patient is a 48 year-old male who sustained an industrial injury on September 1, 2009 when lifting heavy boxes. An MRI of the lumbar spine was performed on October 12, 2009, demonstrating "mild degenerative disc disease and facet degenerative changes at the L2-L3 through L4-L5 levels. Central canal and neural foramina remain patent at these levels as well as throughout the remainder of the lumbar spine."

An AME was performed on March 2, 2011 by Dr. [REDACTED]. As per the report, the patient was diagnosed with lumbar myofascial pain superimposed on lumbar degenerative disc disease, right shoulder adhesive capsulitis with impingement, history of depression and history of fibromyalgia. The patient was recommended MRIs of the right shoulder and lumbar spine. In addition, the patient was recommended lower extremity neurodiagnostic studies.

Electrodiagnostic studies were performed on March 22, 2011 demonstrating "EMG of the musculature of her extremities and her lumbar interspace is normal. No evidence of either acute or chronic lumbar radiculopathy. Nerve conduction study both motor and sensory in type involving the peroneal nerves bilaterally normal."

An AME was performed on August 9, 2011 by Dr. [REDACTED]. As per the report, the patient was diagnosed with lumbar degenerative disc disease, small central disc herniation at L4-5 level, facet arthropathy with mild central canal stenosis at L4-5, right shoulder impingement syndrome, history of depression and history of fibromyalgia.

The patient has significant pain behavior, what appears to be drug addiction and psychological issues. From an orthopedic perspective, the patient was considered having reached maximum medical improvement.

The patient presented for a follow-up Psychiatry AME on December 6, 2012 with Dr. [REDACTED]. As per the report, the patient was diagnosed with Axis I: major depression, recurrent, in partial remission. Anxiety disorder, NOS, with features of generalized anxiety, currently no active pain symptoms. Pain disorder associated with both psychological factors and a general medical condition. Adverse effects of medications, NOS, i.e. decreased attention and concentration as well as diminished energy secondary to pain medications and psychotropic medications. She is currently being prescribed Cymbalta 120 mg, Ability 5 mg, Xanax 2 mg prn, Provigil 200 mg and Temzepam 30 mg. She has also been seen in psychotherapy. Psychopharmacology regimen is very helpful to her. Her depression is improved. The patient is said to have reach permanent and stationary status psychiatrically. Future medical care was to include treatment with her psychotropic medications. She does not require any psychotherapeutic care. She also requires treatment for her sleep disturbance, which is an element of her depression.

An operative report submitted on January 9, 2013 by Dr. [REDACTED] related that the patient underwent a lumbar epidural steroid injection on the left at L4-5 and L5-S1.

A previous peer review was performed on February 27, 2013 and a non-certification was rendered for the requested lumbar ESI #2. An AME was performed on March 6, 2013 by Dr. [REDACTED]. As per the report, the patient remains permanent and stationary. With regard to future medical care, she should have access to additional treatment for her right shoulder to consist of 12 sessions of physical therapy and/or the possibility of arthroscopic lysis of adhesions to the right shoulder. In regard to her lumbar spine, I would recommend an additional two epidural injections. Otherwise, she should continue with pain management utilizing methadone pursuant to her pain management physician.

A urine drug screen was performed on April 13, 2013 with negative findings of all except benzodiazepine. An operative report submitted on April 17, 2013 by Dr. [REDACTED] related that the patient underwent a lumbar epidural steroid injection on the left at L4-5 and L5-S1.

According to a medical report by Dr. [REDACTED], dated April 18, 2013, the patient underwent a lumbar epidural steroid injection yesterday, which gave her 80 percent improvement in pain. Current pain level is 3/10. Current medications include methadone 10 mg 1 table po bid, Vicodin 5/500 mg 1 tablet po tid and Xanax.

According to a medical report by Dr. [REDACTED] dated May 15, 2013, the patient presents for a follow-up. Her low back pain is doing better overall. She complains of increased constipation with current medications. Current pain level is 4/10. Current medications include methadone 5 mg 1 table po bid, Vicodin 5/500 mg 1 tablet po tid and Xanax. The patient was recommended a refill of prescriptions.

A urine drug screen was performed on June 17, 2013 with very high methadone levels and high benzodiazepine levels.

According to a medical report by Dr. [REDACTED], dated July 1, 2013, the patient complained of ongoing low back pain and right lower extremity pain. Pain level is 5/10. Current medications include methadone 5 mg 1 table po bid, Vicodin 5/500 mg 1 tablet po tid, Xanax and lactulose. The patient denies nausea, constipation or other medication side effects. The patient watched the DVD regarding the spinal cord stimulator trial and would like to

pursue a stimulator cord trial. Upon examination, range of motion of the lumbar spine is decreased. Straight leg raise test is negative bilaterally. Motor strength is normal at 5/5 to the lower extremities. Deep tendon reflexes were +2 at the bilateral knees and ankles. Sensation was grossly intact in the bilateral lower extremities. The patient has difficulty walking on toes and heels. There is tenderness of the lumbar spine. Refill prescriptions were given.

The most recent medical report by Dr. [REDACTED] dated July 1, 2013 does not establish neuropathic pain to the lower extremities. It is notable that the medical report dated July 1, 2013 does not establish neurological deficits on physical examination in a dermatomal or radicular distribution in the lower extremities. The motor and sensory exam tests are normal. Additionally, a spinal cord stimulator is recommended for the diagnosis of failed back syndrome or complex regional pain syndrome. This is not the case for this patient. Furthermore, the AME did not recommend a spinal cord stimulator as part of future medical care. Consequently, the requested spinal cord stimulator trial is not supported. Therefore, my recommendation is to NON-CERTIFY the request for psych evaluation for spinal cord stimulator trial.”

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 for Independent Medical Review dated 7/24/2013
- Utilization Review Determination from [REDACTED]
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for psychological evaluation for spinal cord stimulator (SCS):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Psychological Evaluations, Pages 100-101, 107 which is a part of the Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on September 9, 2009 resulting in back pain. According to the medical records provided for review, diagnoses include lumbar myofascial pain superimposed on lumbar degenerative disc disease, right shoulder adhesive capsulitis with impingement, history of depression and history of fibromyalgia. Treatments have included lumbar epidural steroid injections, and medication management. The request is for psychological evaluation for spinal stimulator (SCS).

MTUS Chronic Pain Medical Treatment Guidelines indicate that a spinal cord stimulator (SCS) implantation may be performed for failed back surgery, complex regional pain syndrome, postamputation pain, postherpetic neuralgia, spinal cord injury with dysesthesias with pain in the lower extremities associated with spinal cord injury, pain associated with multiple sclerosis, or for peripheral and vascular disease. The medical records provided for review did not contain documentation indicating the employee is diagnosed with any of the above mentioned. However, documentation does indicate the employee has low back pain. While MTUS Guidelines support a psychological evaluation prior to a spinal cord stimulator implant, the medical records lack documentation indicating the employee meets the criteria for a spinal cord stimulator implant. The request for psychological evaluation for spinal stimulator **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ejf

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.