

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/16/2013

Date of Injury:

1/25/2010

IMR Application Received:

8/2/2013

MAXIMUS Case Number:

CM13-0006416

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 **re-request permanent placement of spinal cord stimulator** 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 Orthopedic Surgery 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:**

This patient is a 57-year-old female who reported an injury on 01/25/2010. The notes indicate that the patient has a prior history of lumbar laminectomy. An operative report from 05/03/2013 indicates that the patient underwent placement of 3 spinal cord stimulator leads with fluoroscopic guidance and complex programming for the purposes of a spinal cord stimulator trial. Followup notes on 06/11/2013 indicated that following the trial, the patient had achieved greater than 75% pain relief during the trial. Subsequent clinical notes indicated that the patient was not approved for a permanent placement of a spinal cord stimulator despite having achieved good success with the 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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for re-request permanent placement of spinal cord stimulator:**

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 Chronic Pain Medical Treatment Guidelines, pages 101, 105-107, which are part of MTUS, as well as the Official Disability Guidelines (ODG), Indications for Stimulator Implantation, which is not part of MTUS.

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

Rationale for the Decision:

The California MTUS Guidelines detail that the criteria for spinal cord stimulator implantation is for patients with failed back syndrome who have persistent pain and have undergone at least 1 previous back operation, with indication that a spinal cord stimulator is more helpful for patients with lower extremity rather than low back pain. While the documentation submitted for review indicates that the employee achieved 75% pain relief as a result of undergoing a spinal cord stimulator trial and with the employee indicating that her pain had not been that low in many years, there is a lack of documentation submitted for review indicating that the employee had a reduction in pain medication usage and there was no indication of functional improvement indicated in the notes during the trial phase. **The re-request for permanent placement of spinal cord 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.