

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

[REDACTED]

4/19/2013

Date of Injury:

1/17/2013

IMR Application Received:

5/13/2013

MAXIMUS Case Number:

CM13-0000363

- 1) MAXIMUS Federal Services, Inc. has determined the request for **orthopedic evaluation consultation is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/13/2013 disputing the Utilization Review Denial dated 4/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 **orthopedic evaluation consultation is 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 Medicine, 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 claimant is a 33 year old male with a date of injury 1/17/2013. Doctor's First Report of Occupational Injury or Illness dated 1/25/2013 reports that claimant was carrying boxes of beets when he felt pain in his lower back and right shoulder. Physical exam of right shoulder noted reduced range of motion with visible discomfort, diffusely tender over anterior deltoid and anterior wall of axilla. Strength was 5/5. Physical exam of back noted no swelling or spasm, not tender to palpation, range of motion normal with pain reported across the low back end range all planes, straight leg raise was negative, deep tendon reflexes normal, neurovascularly intact, and gait normal. Claimant was treated with Naprosyn, Flexeril, Teragesic, and provided work restrictions of no lifting greater than 10 pounds, no lifting or reaching overhead, limited bending stooping.

Electrodiagnostic Consultation report dated 2/11/2013 identified 1) evidence of right S1 radiculopathy, 2) no evidence of focal nerve entrapment or generalized peripheral neuropathy affecting lower limbs, 3) radiculopathies are "irritative" or sensory and nature and do not cause significant axonal degeneration, which may not be detected by either EMG or nerve conduction studies. Therefore a "normal" EMG or nerve conduction study does not rule out radiculopathy. Nerve conduction studies and EMG were normal.

Follow up exam dated 2/12/2013 notes that the claimant has not improved significantly, has started physical therapy, and has not been working. Physical exam has not changed significantly. Diagnoses include 1) shoulder and upper arm sprain/strain, 2) lumbar sprain/strain. Treatment includes anti-inflammatory medications, muscle relaxant medications, modified duty, and physical therapy.

MRI of the lumbar spine dated 3/18/2013 identified 1) L5-S1 5 mm bilateral intraforaminal L5-S1 disc herniation with moderate left L5-S1 neural foraminal stenosis, mild right L5-S1 neural foraminal stenosis, elevation, compression and impingement of the L5 nerve roots in the L5-S1 neural foramina bilaterally, 2) bilateral spondylosis of L5,

3) *miles spondylosis L5-S1, 4) remote anterior wedge compression fracture of the T12 vertebral body.*

MRI of right shoulder dated 4/1/2013 identified 1) tendonitis of the rotator cuff involving the supraspinatus tendon with nodular thickening of the distal two thirds of the rotator cuff, 2) synovitis of the tendon sheath of the long head of biceps.

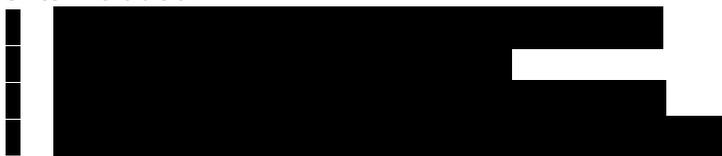
Primary Treating Physician's Progress Report dated 6/26/2013 reports that claimant has back pain that has not changed and right shoulder pain especially with abduction. The claimant is unable to do daily activities, uses a cane for gait support.

Primary Treating Physician's Progress Report dated 7/10/2013 note that the claimant reports right shoulder and low back pain improve for short period following physical therapy but then return. Shoulder pain returns a few hours after therapy, and low back and mid back pain return with regular walking. Objective findings are reported as unchanged. Diagnoses include 1) disc herniation L5 with nerve impingement, 2) tendonitis right shoulder, 3) T12 wedge compression fracture, 4) osteoporosis, 5) vitamin D insufficiency (not work related). Treatment plan include pending approval for ortho evaluation and epidural block, vitamin D and calcium, isometric exercises and physical therapy.

The other clinical notes available for review were consistent with the above reports without any significant differences that affected this medical review.

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 orthopedic evaluation consultation:

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 American College on Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12 and Page 305, which is part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines, Low Back, chapter 3, which is not a part of the 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 has demonstrated at least (per available medical documentation) six months of low back symptoms and radiculopathy with retention of motor strength that remains unimproved with conservative therapy. The employee, however, has not demonstrated any improvement and diagnostic studies have indicated that the employee has neural compromise from injury to the lumbar spine that may benefit from interventions such as an epidural steroid injection. The request for orthopedic evaluation was not made hastily, and the treatment plan has remained unchanged pending the requested consultation. **The request for orthopedic evaluation consultation is 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:

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