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**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/24/2013 disputing the Utilization Review Denial dated 6/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/24/2013. 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 pain management **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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 7, 2013:

“DIAGNOSIS: LUMBOSACRAL SPRAIN

CLINICAL SUMMARY: This female patient was injured on 01/04/13 when she slipped and fell at work injuring her low back and lower extremities. Treatment has included chiropractic treatment 2x6 for the lumbar spine and an additional 12 sessions have been requested. The MRI of the lumbar spine on 02/01/13 reportedly demonstrated a large high T2 signal disc extrusion at L5-S1 with resultant impingement of the RIGHT S2 nerve root. The patient has been referred for an orthopedic consultation with Dr. [REDACTED]. It is noted that the patient will likely need back surgery and that authorization was approved for the consultation with Dr. [REDACTED] and the electrodiagnostic study.”

### 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 (received 6/24/13)
- Utilization Review Determination from [REDACTED] (dated 6/7/13)
- Utilization Review Determination from [REDACTED] (dated 3/5/13)
- Medical Records from [REDACTED], MD (dated 1/14/13 – 2/13/13)
- MRI lumbar spine without contrast from [REDACTED] (dated 2/1/13)
- Medical Records from [REDACTED] (dated 3/20/13, 6/4/13)
- Medical Records from [REDACTED], MD (dated 2/26/13 – 5/21/13)
- Chronic Pain Medical Treatment Guidelines (2009), Functional Restoration Programs, pg 30-32

## 1) Regarding the request for pain management:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, not part of the Medical Treatment Utilization Schedule (MTUS) and the Chronic Pain Medical Treatment Guidelines (2009), Functional Restoration Programs, pg 30-32, of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS applicable and relevant. The Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, not part of the Medical Treatment Utilization Schedule (MTUS) 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 to the lumbar spine on 1/14/13. Diagnosis was lumbosacral sprain. Treatment included 12 chiropractic treatments with an additional 12 sessions requested. An MRI on 2/1/13 reported large high T2 signal disc extrusion at L5-S1 with resultant impingement of the right S2 nerve root. Electrodiagnostic studies dated 3/6/13 revealed borderline right tibial motor delay latency. A referral to a pain management specialist was requested.

The ACOEM Guidelines support the request for a specialist consultation when the "course of care may benefit from additional expertise." In this case the MRI dated 2/1/13 revealed disc extrusion at L5-S1, and the employee continues to experience discomfort. A consultation with a pain management specialist is appropriate. The request for pain management **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;

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

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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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.



