
Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

IMR Case Number:	CM13-0010724	Date of Injury:	10/01/2003
Claims Number:	[REDACTED]	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/13/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:	PAIN INJECTION		

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]
dso

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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 the employee/employee representative.
- No medical records were submitted by the Claims Administrator.
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old female injured on 10/1/03. Recent clinical records for review indicate that she is being treated for a current diagnosis of failed low back syndrome, lumbar degenerative joint disease, and lumbar radiculitis. A most recent clinical progress report dated 7/12/13 indicates that she is with an intrathecal pain pump and that she has also been utilizing oral medications in the form of narcotics. Physical examination findings showed tenderness to the lumbar paravertebral muscle, dermatomal sensory changes to the right L5-S1 distribution, restricted lumbar range of motion, and moderate spasm. The plan at that visit was for a pain pump refill and reprogramming as well as an intramuscular pain injection of Phenergan and Demerol. Following this assessment, a recent 10/14/13 evaluation showed continued complaints of pain with radiating lower extremity pain, difficulty getting comfortable and continued use of medications. Physical examination showed restricted lumbar range of motion in the right L5-S1 dermatomal distribution, sensory changes, and the same diagnoses as cited above. Once again at that time, a pain pump was refilled under sterile technique and there were continued recommendations for a home exercise program, aquatic therapy, a urine drug screen, and continuation of medication management.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. The request for a pain injection is not medically necessary and appropriate.

The Claims Administrator based its decision on the California MTUS Intrathecal Pain Pump guidelines and the Chronic Pain Medical Treatment Guidelines, Implantable Drug Delivery Systems (IDDS) pages 76-80, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 52-53, which are a part of the MTUS.

The Physician Reviewer's decision rationale: In this case, the employee has an implantable pain pump and has been seen for refills of the intrathecal medication which would be appropriate in what would appear to be the setting of a positive response to the IDDS. The request is regarding the injection of Demerol and Phenergan provided at the time of the refill. California MTUS Chronic Pain Guidelines with regard to use of opioids, a symptomatic flare of short duration would not be clinical indication for the use of intramuscular narcotics acutely. The employee already appears to be benefiting from the use of intrathecal pain pump as well as continued therapy and short-acting oral analgesics for pain control and as such the intramuscular injection in this case would not be necessary. **The request for a pain injection is not medically necessary and appropriate.**

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.



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