

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/20/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/6/2013
Date of Injury: 9/15/2011
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0010926

- 1) MAXIMUS Federal Services, Inc. has determined the request for **referral to a pain management specialist for evaluation, treatment and possible injections is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/27/2013. 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 **referral to a pain management specialist for evaluation, treatment and possible injections 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:

The claimant is a 46 year old female injured in a work related accident September 15, 2011. The records indicate a van step broke acutely injuring her right knee and hip. The claimant was initially diagnosed with right knee contusion for which she underwent conservative treatment. The records indicate complaints of cervical and thoracic complaints. The progress report August 19, 2013 states the claimant follow up for complaints of right knee pain, upper back pain and shoulder pain. She continues to be symptomatic in regards to the neck, upper back, shoulder area and right knee. Physical examination showed muscle spasm and tenderness over the T4 through T7 paravertebral musculature on the right and tenderness over the medial border of the scapula. It stated a previous MRI of the cervical spine performed October 10, 2012 showed multilevel disc protrusions with no evidence of canal stenosis or foraminal narrowing. Multilevel thoracic protrusions were noted on October 10, 2012 MRI of the thoracic spine. Authorization for a facet joint injection of the thoracic and cervical spine were recommended, epidural injections were recommended if no functional benefit was noted. Trigger point injections were performed on that date to the paravertebral musculature. A request of referral to a pain management specialist for evaluation and treatment was also made that was denied by the Utilization Review August 6, 2013 citing no need for the above as the claimant is to undergo right knee arthroscopic evaluation and no referral to pain management would be indicated until treatment of the knee is completed in the form of arthroscopic care. There is a request for pain management referral and treatment as necessary to include possible injections.

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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

1) Regarding the request for referral to a pain management specialist for evaluation, treatment and possible injections:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations, page 127, which is not part of the MTUS and the Chronic Pain, Epidural Steroid Injections (ESI), page 46, which is part of the MTUS.

Rationale for the Decision:

The CA MTUS Chronic Pain Guidelines indicate that referral for pain management assessment and possible injection therapy are not supported in this case. The records do not indicate further treatment after August 6, 2013 to indicate that the employee had undergone surgical intervention. It would be agreed that the employee would need to undergo a surgical process to the knee and complete appropriate rehabilitation process before pain management referral would be indicated. **The request for pain management specialist for evaluation, treatment and possible injections 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, 18th Floor
Oakland, CA 94612

/bd

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.