

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

December 24, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/23/2013
Date of Injury: 4/17/2008
IMR Application Received: 8/15/2013
MAXIMUS Case Number: CM13-0011248

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]

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 Occupational 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 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 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:

The applicant is a [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 17, 2008.

Thus far, the applicant has been treated with the following: Analgesic medications; prior L4-L5 lumbar fusion surgeries; at least one lumbar epidural steroid injection; and L4-L5 lumbar disk replacement surgery.

In a utilization review report of July 23, 2013, the claims administrator stated that the claimant has had prior unspecified amounts of physical therapy and acupuncture. A partial certification of the acupuncture was supported, incorrectly applying the ACOEM and ODG guidelines as opposed to the MTUS Acupuncture Guidelines in section 9792.24.1. The claims administrator also denied a request for Soma on the same day. A later note of September 25, 2013 is handwritten, not entirely legible, and notable for comments that the applicant is having ongoing issues of depression and hypogonadism. Supplemental testosterone was recommended. Another primary treating physician note of September 23, 2013 is notable for comments that the applicant remains off of work, on total temporary disability, for six weeks status post fusion surgery.

On September 11, 2013, it was again noted that the applicant remained off of work, on total temporary disability and was using numerous analgesic medications, including Daypro and Medrol.

An earlier note of July 17, 2013 was notable for comments that the applicant reported ongoing complaints of low back and leg pain, remained off of work, on total temporary disability, and was asked to pursue repeat MRI imaging.

IMR DECISION(S) AND RATIONALE(S)

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

1. 12 acupuncture sessions to low back is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Acupuncture, page 300, which is part of the MTUS, Chronic Pain Medical Treatment Guidelines, pages 76-80, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back, Acupuncture, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale:

While the claims administrator did incorrectly cite ACOEM and ODG Guidelines, which are not applicable here, MTUS 9797.24.1.c.1 states that the time needed to produce functional improvement following introduction of acupuncture is three to six treatments. A 12-session course of acupuncture cannot be supported, consequently, as MTUS 9792.24.1.c.1 implies that the applicant should be reevaluated after a three-to six-session course of treatment before determining whether there is evidence of functional improvement so as to justify continuing acupuncture. In this case, it is further noted that the applicant does not appear to have effected any functional improvement despite having previously undergone acupuncture. The applicant's failure to return to work, coupled with applicant's ongoing usage of numerous analgesic and adjuvant medications implies a lack of functional improvement as defined in section 9792.20f. Therefore, the request is non certified. **The request for 12 acupuncture sessions to low back is not medically necessary and appropriate.**

2. Soma 350mg 1 tablet every night at bedtime for muscle relaxation #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), page 65, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), page 65, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, Soma is not recommended for longer than a two- to three-week period. It is not recommended for long-term use purposes, as is being proposed here according to the reviewed records. The nightly schedule proposed by the attending provider is not supported by the MTUS Chronic Pain Medical Treatment Guidelines. **The request for Soma 350mg 1 tablet every night at bedtime for muscle relaxation #30 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.

[REDACTED]

CM13-0011248