
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 8/12/2003
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0013448

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 Orthopedic Surgery, has a subspecialty in Spine 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 (Claims Administrator, employee/employee representative, Provider)
- 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 patient is a 56-year-old male who reported an injury on 08/12/2003. The patient was reportedly assaulted by a customer while performing his work duties. The current diagnoses include cervical disc syndrome and rotator cuff syndrome. The patient was most recently evaluated by Dr. [REDACTED] on 08/19/2013. The patient has undergone cervical spine discectomy in 2004, revision of cervical spine discectomy in 2005, cervical disc replacement at C7-T1 in 2008, revision of disc replacement in 2009, and cervical and lumbar fusion. The current medication regimen includes Norco and Soma. Physical examination revealed decreased range of motion of the cervical spine and right shoulder, positive impingement testing on the right, and decreased shoulder strength. The patient was referred for physical therapy twice per week for 6 weeks for the right shoulder as well as continuation of acupuncture and current medications.

IMR DECISION(S) AND RATIONALE(S)

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

1. CT scan of the cervical spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Neck and Upper Back Complaints, pages 177-179, which are part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of

conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to have invasive procedure. As per the clinical notes submitted, the patient's injury was 10 years ago to date, and there is no evidence of tissue insult or neurologic dysfunction. The latest physical examination revealed decreased range of motion, positive impingement testing, and slightly decreased strength. There is also no documentation of a failure to respond to 3 to 4 weeks of conservative care or failure to progress in a strengthening program. Based on the clinical information received, the request is non-certified.

2. X-rays of the cervical spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Neck and Upper Back Complaints, pages 177-179, which are part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS Guidelines state criteria for ordering imaging studies includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive surgery. As per the clinical notes submitted, the patient's injury was 10 years ago to date, and there is no evidence of tissue insult or neurologic dysfunction. The latest physical examination revealed decreased range of motion, positive impingement testing, and slightly decreased strength. There is also no documentation of a failure to respond to 3 to 4 weeks of conservative care or failure to progress in a strengthening program. Based on the clinical information received, the request is non-certified.

3. Unknown prescription of Percocet is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 74-82, which are part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS Guidelines state short-acting opioids are often used for intermittent or breakthrough pain. The duration of action is generally 3 to 4 hours. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. As per the clinical notes submitted, the patient was recently seen on 08/19/2013, with complaints of continuous recurrent headaches, continuous right shoulder pain with radiation, and intermittent neck pain with radiation. Satisfactory response to treatment is not indicated by the patient's decreased pain level, increased level of function, or improved quality of life. The patient's current documented pain medication regimen only included Norco and Soma. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

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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