
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/16/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/7/2013
Date of Injury: 1/12/2012
IMR Application Received: 8/20/2013
MAXIMUS Case Number: CM13-0013929

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 Oklahoma and Texas and is licensed to practice in Physical Medicine and Rehabilitation. 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 patient is a 61-year-old female who reported a cumulative trauma injury from 01/01/1990 to 04/09/2012 to her lumbar spine. The clinical note dated 09/10/2013 reports the patient was seen under the care of Dr. [REDACTED] for comprehensive pain management consultation report. The provider documents the patient complains of pain in the low back, which the patient rates on a pain scale at 4/10 to 5/10. The provider documented the patient received previous chiropractic manipulative therapy, including modalities of ice application and ultrasound study, which provided little relief. In addition, the patient utilized 12 sessions of physical therapy, which provided temporary relief. Occupational therapy was also rendered, which provided temporary relief. The patient reports, in addition to lumbar spine pain, cervical spine pain which is described as tightness in the parascapular region on the right, which radiates to the right upper extremity. The provider documents the patient continues to work 8 hours per day 5 days per week. The patient's current medication regimen includes Norco, Voltaren, and Fexmid. Upon physical exam of the patient, no deficits with regard to range of motion of the cervical spine, bilateral shoulders, bilateral elbows, and bilateral wrists were noted.

The patient had 5/5 motor strength noted throughout and minimal decreases with range of motion to the lumbar spine. The provider documented diffuse tenderness over the paraspinal musculature and facet tenderness at the L4-S1 bilaterally. Sensation was decreased as to pain, temperature, light touch, vibration, and 2 point discrimination in the right L4-5 dermatomes. The provider recommended the patient undergo right L4-5 and L5-S1 transforaminal epidural steroid injections, as the provider documents the patient has failed conservative treatment including physical therapy, chiropractic treatment, medication, rest, and a home exercise program.

IMR DECISION(S) AND RATIONALE(S)

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

1. Chiropractic treatment two times a week for three weeks to lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Chronic Pain Medical Treatment Guidelines, page 58, Manual Therapy and manipulation, which is part of the MTUS.

The Physician Reviewer based his/her decision on the CA MTUS Chronic Pain Medical Treatment Guidelines, page 58, Manual Therapy and manipulation, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination due to lack of documented objective functional improvement from previous chiropractic visits. The employee has utilized 16 sessions of chiropractic manipulation. The consultation with Dr. [REDACTED] documents the employee failed with utilization of chiropractic treatment. California MTUS guidelines indicates, "A trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks." The clinical documentation submitted failed to evidence the employee had quantifiable objective functional improvements as indicated by decrease in rate of pain on a Visual Analog Scale (VAS), scale and increase in functionality. **The request for chiropractic treatment two times a week for three weeks to lumbar spine is not medically necessary and appropriate.**

2. Fexmid (Cyclobenzprine 7.5mg) 1 PO BID #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants, pages 41-42, which part of the MTUS.

The Physician Reviewer based his/her decision on the CA MTUS Chronic Pain Medical Treatment Guidelines, page 41-42, Cyclobenzaprine (Flexeril), which is part of the MTUS.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination due to a lack of quantifiable documentation of evidence of the employee's reports of efficacy with this medication for her complaints of spasms about the lumbar spine. In addition, California MTUS guidelines indicates, "Flexeril is recommended as an option using a short course of therapy." It is unclear in the clinical documentation submitted how long the employee has been utilizing this medication, and the clear efficacy was not evidenced in the clinical notes reviewed. **The request for Error! Reference source not found. is not medically necessary and appropriate.**

3. LSO brace is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS American College of Occupational and Environmental Medicine (ACEOM) 2nd Edition, Low Back , physical Methods, pages 48-49, which is part of the MTUS, in addition to Official Disability Guidelines (ODG) which is not part of MTUS.

The Physician Reviewer based his/her decision on the CA MTUS American College of Occupational and Environmental Medicine (ACEOM), 2nd Edition, which is part of the MTUS, in addition, the Online American College of Occupational and Environmental Medicine

(ACEOM), Chapter 12, page 301 and Official Disability Guidelines (ODG), Low back Chapter, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination due to a lack of documentation evidencing a fracture, recent fusion, or an unstable spondylolisthesis. California MTUS/ACOEM Guidelines indicates, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." **The request for LSO brace is not medically necessary and appropriate.**

/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.

[REDACTED]
[REDACTED]
[REDACTED]

CM13-0013929