

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/28/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/8/2013
Date of Injury: 8/20/2011
IMR Application Received: 8/20/2013
MAXIMUS Case Number: CM13-0014120

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 Internal Medicine, and is licensed to practice in California and New York. 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:

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

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 49 years old female with reported injury 8/20/11. An MRI was done 5/16/12. The impression reportedly read: T11-12 mild degenerative disc changes, 3-4mm right central/paracentral, protruding disc impinging upon the thecal sac and creating a mild contoured deformity of the right anterior aspect of the spinal cord, and migrating superiorly along the posterior body of T11 for a distance of a 11mm. L1-2 5mm left paracentral herniated disc impinging upon the anterior aspect of the thecal sac and extending over the left posterior body of L2 for a distance of 10mm. L3-4 2mm broad based disc bulge greater on the right where it extends into the right neural foramen. L4-5 4mm broad based disc protrusion or extrusion impinging upon the anterior aspect of the thecal sac and extending laterally into the neural foramina. The disc migrates superiorly behind the posterior body of L4 for a distance of 4-5mm impinging upon the thecal sac. L5-S1 2mm broad base disc protrusion or bulge. The patient received chiropractic rx, acupuncture, physical therapy, and medicines for their radiculopathy. A note dated 6/13/13, recommended labs to monitor renal function and LFT's. The Patient's record shows that they were prescribed Norco and Terocin cream since at least 12/20/12. On 8/7/13, a utilization review report was denied by the claims for labs-monitor kidney/liver function. An appeal was placed on 8/20/13.

IMR DECISION(S) AND RATIONALE(S)

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

1. Labs-Monitor, kidney and liver function are not medically necessary and appropriate.

The Claims Administrator based its decision on the, electronic sources:

<http://labtestonline.org/understanding/conditions/liver-disease/> and

<http://labtestonline.org/understanding/conditions/kidney/start/3/>, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 12, which is part of the MTUS. Electronic Source: <http://www.drugs.com/pdr/>, which is not part of the MTUS.

The Physician Reviewer's decision rationale: Per the Physician's Desk Reference-Drugs.com, 2013, states that patients taking norco should be monitored with serial LFT's/renal tests, if they have severe hepatic/renal disease. The medical records provided for review does not indicate not a that the employee has sever hepatic or renal disease. The sources state that patients on this medicine should note if they develop symptoms such as diabetic ketoacidosis urine, jaundice, easy bruising, or colored stools and itching. If these symptoms develop, then monitoring of LFT's and renal tests would be indicated. The Chronic Pain Medical Treatment Guidelines discusses risk of hepatic/renal injury with acetaminophen overdose. There is no record of the employee overdosing. **The request for labs monitoring of kidney and liver function are not medically necessary and appropriate.**

/js

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]

CM13-0014120