

Independent Medical Review Final Determination Letter

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[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0017455	Date of Injury:	03/31/2011
Claims Number:	[REDACTED]	UR Denial Date:	08/19/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

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: OVERTURN. This means we decided that all 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]
[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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine, 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:

- [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 IMR application shows the patient had an injury on 3/31/11 and is disputing the 8/19/13 UR decision. The patient has neck, shoulder, and low back pain, with C5-7 fusion on 1/18/12, and left shoulder arthroscopy on 12/12/12. A report dated 8/7/13 from Dr. [REDACTED] states surgery has been authorized and is pending. The patient has been losing his balance, needs a cane, and pain is severe.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 Prescription of Norco 10/325mg #90 is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines pages 79 and 91 which is part of the MTUS.

The Physician Reviewer's decision rationale:

According to the medical records provided for review, the employee has chronic neck, back, and shoulder pain. The employee underwent cervical spine and shoulder surgery. The MTUS Chronic Pain Guidelines' criteria to discontinue opioids includes "If there is no overall improvement in function, unless there are extenuating circumstances." This employee has extenuating circumstances and is scheduled for a revision surgery. The

employee has severe pain and meets MTUS criteria for hydrocodone/acetaminophen. **The request for 1 Prescription of Norco 10/325mg #90 is medically necessary and appropriate.**

2. 1 Cane is medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on Aetna CBP #0505.

The Physician Reviewer's decision rationale:

According to the medical records provided for review, the physician stated the cane was requested because the employee had been losing balance. The utilization review used guidelines for a knee condition, and denied the cane for the lumbar spine. The Aetna guidelines appear to fit the employee's described presentation better than the Official Disability Guidelines. Aetna criteria suggest that canes are medically necessary durable medical equipment for members with conditions causing impaired ambulation with potential for ambulation. The request for a cane for an employee with loss of balance is in accordance with Aetna criteria. **The request for 1 cane is medically necessary and appropriate.**

/MCC

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]

CM13-0017455