

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

8/20/2013

Date of Injury:

3/16/2013

IMR Application Received:

8/29/2013

MAXIMUS Case Number:

CM13-0018063

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one urinalysis every 4-6 weeks is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one consult with an internist for weight loss program is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one urinalysis every 4-6 weeks** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one consult with an internist for weight loss program** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and Rheumatology and is licensed to practice in Maryland. 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 Expert 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This patient is a 34-year-old with date of injury 3/16/13. The mechanism of injury was psychological trauma when the patient was held at gunpoint in her place of employment. Medical records from the primary provider were reviewed from dates 6/11/13-8/15/13. The patient has been treated with medication (Ativan 1 mg). Requests for urinalysis toxicology every 4-6 weeks and consultation with an internist for a weight loss program were placed in 06/2013. Objective findings: anxious mood, depressed mood. Diagnoses: anxiety, depression, post traumatic stress disorder and insomnia. Treatment plan and request: every 4-6 week urinalysis toxicology screen and consultation with internal medicine physician for weight loss program.

Documents Reviewed for Determination:

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]

1) Regarding the request for one urinalysis every 4-6 weeks :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 89, Opioids Criteria for Use and pg. 94, Opioids, steps to avoid misuse, which is a part of the MTUS.

Rationale for the Decision:

A review of the records provided indicates that this employee has reported chronic anxiety, depression and insomnia. The employee has been diagnosed with anxiety, depression, post traumatic stress disorder and insomnia. The available medical records show prescribing of Ativan 1 mg. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. **The request for one urinalysis every 4-6 weeks is not medically necessary.**

2) Regarding the request for one consult with an internist for weight loss program :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert 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 Expert Reviewer based his/her decision on Behavioral approaches to the treatment of obesity. In: Handbook of Obesity: Clinical Applications, 2nd ed. Bray GA, Bouchard C (Eds), New York 2004, which is not a part of the MTUS.

Rationale for the Decision:

A review of the records indicates that the available treating physician records do not list the diagnoses of either overweight or obese in the clinical notes. There is no discussion in the requesting provider records of the employee's weight being at issue. Without documentation of either overweight or obesity being listed as a diagnosis, it cannot be considered medically necessary for this employee to have an evaluation or treatment plan for one of these two conditions. Furthermore, per the reference cited above, the initial management of overweight or obese patients is lifestyle intervention consisting of a combination of diet, exercise and behavioral modification, none of which needs to be specifically advised by an internal medicine physician as there are other health providers who have expertise in these approaches. **The request for one consult with an internist for weight loss program is not medically necessary or appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dat

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.