
Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 8/2/2004
IMR Application Received: 7/8/2013
MAXIMUS Case Number: CM13-0001028

- 1) MAXIMUS Federal Services, Inc. has determined the request for **bone growth stimulator is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **interferential unit is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **urine drug screen is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/8/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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 **bone growth stimulator is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **interferential unit is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **urine drug screen 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 Orthopedic 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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013:

This claimant is treating for discogenic disease of the lumbar spine and is scheduled for discectomy and fusion at L5-S1. However, no documentation of medical necessity or clinical efficacy of the proposed treatment, supported by high-quality scientific evidence-based guidelines, has been submitted to justify this request.

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:

- Application for Independent Medical Review
- Utilization Review from Claims Administrator
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a bone growth stimulator:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Low Back Chapter, Bone Growth Stimulators section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 08/02/2004 as the result of a fall. A clinical note dated 6/19/2013 reports a substantial change in the employee's condition and a request was submitted for surgical interventions (discectomy and fusion at the L5-S1). The employee has experienced pain radiation from the low back into both lower extremities with associated numbness, paresthesias, and weakness to the right lower extremity, and difficulty with ambulation. Current medications include Naproxen, Norco, Fexmid, Ultram, Tetracycl, Somatostatin, and Losartan. A request was submitted for a bone growth stimulator.

The provider reported upon physical examination of the patient, 5/5 motor strength was noted throughout with the exception of the right S1, which was 4/5. The patient had 2+ reflexes throughout with the exception of the right ankle. The provider documented the patient's gait was antalgic, and the patient presented with a positive straight leg raise to the right. The provider reported the patient had complete imaging study evidence of collapse at the L5-S1 with marked neural foraminal narrowing, discogenic changes and a central disc herniation. The provider requested surgical interventions for the patient indicative of an L5-S1 fusion.

The Official Disability Guidelines list criteria for a bone growth stimulator. The medical records submitted and reviewed do not indicate that the employee is presenting with any of the listed comorbidities to support utilization of a bone growth stimulator. The documentation submitted does not support the request. The request for a bone growth stimulator is not medically necessary and appropriate.

2) Regarding the request for an interferential unit:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2008 update, page 189, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on

the Chronic Pain Medical Treatment Guidelines (2009), page 120, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 08/02/2004 as the result of a fall. A clinical note dated 6/19/2013 reports a substantial change in the employee's condition and a request was submitted for surgical interventions (discectomy and fusion at the L5-S1). The employee has experienced pain radiation from the low back into both lower extremities with associated numbness, paresthesias, and weakness to the right lower extremity, and difficulty with ambulation. Current medications include Naproxen, Norco, Fexmid, Ultram, Tetracycyn, Somatostatin, and Losartan. A request was submitted for an interferential unit.

The MTUS Chronic Pain Guidelines indicate this intervention is supported post-operatively if pain limits the ability to perform exercise programs or physical therapy treatments. However, the documentation submitted for review does not evidence if the employee has been approved for surgical intervention, and if so, no post-operative clinical notes were submitted for review evidencing the patient presents with exacerbated pain complaints post-operatively to support this intervention. The documentation does not support the request. The request for an interferential unit is not medically necessary and appropriate.

3) Regarding the request for a urine drug screen:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Pain Chapter, Urine Drug Testing section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 43, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 08/02/2004 as the result of a fall. A clinical note dated 6/19/2013 reports a substantial change in the employee's condition and a request was submitted for surgical interventions (discectomy and fusion at the L5-S1). The employee has experienced pain radiation from the low back into both lower extremities with associated numbness, paresthesias, and weakness to the right lower extremity, and difficulty with ambulation. Current medications include Naproxen, Norco, Fexmid, Ultram, Tetracycyn, Somatostatin, and Losartan. A request was submitted for a urine drug screen.

The MTUS Chronic Pain Guidelines indicate drug testing is recommended as an option to assess the use or presence of the illegal drugs in patient compliance with medication regimens. The documentation submitted evidences that as of 6/19/2013, the employee utilized Norco, Ultram, and Fexmid for pain management. However, the documentation submitted is unclear when the employee last underwent a urine drug screen. The request for a urine drug screen 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

/dj

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.