
Notice of Independent Medical Review Determination

Dated: 8/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/2/2013

2/14/2013

7/8/2013

CM13-0001036

- 1) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the cervical spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Terocin cream compound medication **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 7/9/2013. 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 an MRI of the cervical spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Terocin cream compound medication **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 Orthopaedic 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 June 7, 2013.

Ms. [REDACTED] is a 58-year-old, right hand dominant female, who reports a specific industrial injury on February 14, 2013. On that date, she states she was exiting her school bus, when she felt the acute onset of low back and right hip pain. She noted she was simply lifting her left leg over the center console when this occurred. She completed her shift and notified her supervisor a few days later.

On February 19, 2013, she was referred by her employer to Dr. [REDACTED] who prescribed physical therapy. She states she attended six sessions, which were of no benefit.

She was then seen by Dr. [REDACTED] who ordered MRI's and provided medications.

Dr. [REDACTED] performed an open reduction and internal fixation to the right hip and recommended an updated MRI of the lumbar spine. Following surgery, she has been having bowel and bladder issues.

Ms. [REDACTED] is now referred to this office for further evaluation and treatment for this injury.

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:

- Applications for Independent Medical Review (dated 7/8/13 and 7/10/13)
- Utilization Review Documentation by [REDACTED] (dated 6/28/13 to 7/10/13)
- Medical Records by [REDACTED] (dated 3/12/13 to 7/12/13)
- Medical Records by [REDACTED] (dated 4/30/13 to 5/28/13)
- Medical Records by [REDACTED] (dated 2/19/13 and 2/26/13)
- Medical Records by [REDACTED] (dated 2/26/13 to 5/23/13)
- Imaging Report by [REDACTED] (dated 4/2/13 and 4/26/13)
- Medical Records by [REDACTED] (dated 5/7/13)
- Prescription by [REDACTED], M.D. (dated 3/13/13)
- Imaging Report by [REDACTED] (dated 4/2/13)
- Medical Record by [REDACTED] (dated 6/27/13)
- Medical Records by [REDACTED] (dated 6/11/13 and 7/2/13)
- Medical Records by [REDACTED] (dated 6/7/13 to 6/21/13)
- Medical Records by [REDACTED] (dated 5/4/13 to 6/6/13)
- Miscellaneous Records
- ACOEM – Chapter 8: Neck and Upper Back Complaints, pages 172, 177-179
- Chronic Pain Medical Treatment Guidelines (2009) - Topicals, pages 105, 111-113

1) Regarding the request for an MRI of the cervical spine:

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guideline(s) used by the Claims Administrator. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, 2004, Chapter 8, pages 165 and 177-178, which are part of the California Medical Treatment Utilization Schedule.

Rationale for the Decision:

The employee was injured on 2/14/2013 and has experienced low back pain and right hip pain. To date, treatment has included 6 physical therapy sessions, MRIs, medications, and an open reduction and internal fixation to the right hip. A request was submitted for an updated MRI of the lumbar spine.

The MTUS ACOEM Guideline lists criteria for ordering imaging studies as: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and/or clarification of the anatomy prior to an invasive procedure. Per the medical records submitted and reviewed, there are no radiographs documented or non-operative treatments directed at the cervical spine to date. There is no evidence of a progressive neurologic deficit or myelopathy. The

guideline criteria are not met. The request for an MRI of the cervical spine is not medically necessary and appropriate.

2) Regarding the request for Terocin cream compound medication:

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

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guideline(s) used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 111-113, which are part of the California Medical Treatment Utilization Schedule.

Rationale for the Decision:

The employee was injured on 2/14/2013 and has experienced low back pain and right hip pain. To date, treatment has included 6 physical therapy sessions, MRIs, medications, and an open reduction and internal fixation to the right hip. A request was submitted for Terocin cream compound medication.

The MTUS Chronic Pain Guideline indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Specifically, Terocin cream compound is not indicated as appropriate. Terocin compound contains lidocaine, which is not recommended by the guideline in this situation. The MTUS Chronic Pain Guidelines do not recommend compound topical medications if a component of the compound is not approved. The request for Terocin cream compound medication is not medically necessary and 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;

Richard C. Weiss, MD, MPH, MMM, PMP
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.