

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 11/21/2002
IMR Application Received: 7/12/2013
MAXIMUS Case Number: CM13-0001310

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI of thoracic spine without contrast **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg #120 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 MRI of thoracic spine without contrast **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Soma 350mg #120 **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 Occupational 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 9, 2013.

“██████████ is a 67 year old (DOB: ██████████) who sustained a work injury on 11/21/11. Mechanism of injury, occupation and current work status were not in records for review. The right hand, upper back area, right ankle and right wrist have been accepted by the carrier.”

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 received on 07/12/2013)
- Utilization Review Determination from ██████████ (dated 07/09/2013)
- Employee medical records from ██████████ (dated 08/02/2013)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for MRI of thoracic spine without contrast :

Section of the Medical Treatment Utilization Schedule 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), 2nd Edition, (2004), Chap 12, Low Back Complaints, P 303, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) into the MTUS from the ACOEM Practice Guidelines, Table 8-8, Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints, Radiography, Other imaging procedures, page 181-183, which is part of the MTUS.

Rationale for the Decision:

The employee sustained an industrial related injury to the mid back on 11/21/2002. Review of the submitted medical records indicate that the employee has been treated with the following; analgesics medications; long-acting opioids, including OxyContin; muscle relaxants, including Soma; a back brace; prior MRI imaging of 10.28.2011, notable for a compression fracture at T10; and extensive periods of time off of work. A progress report indicates that the employee is no longer tolerating the soma; however the OxyContin is helping the employee with getting out of bed. The progress note also indicates that the employee is also having a difficult time ambulating and transferring. A request was submitted for an MRI of the thoracic spine without contrast and Soma 350mg tablets.

The ACOEM guidelines recommend that, MRI imaging of the cervical and thoracic spine can be obtained to evaluate for suspected red-flag diagnoses including fracture or to validate a diagnosis of neurological compromise in an individual with a presentation consistent with the same. A review of the Submitted medical records indicate that the employee has a pending neurosurgery consultation and has been deemed as a surgical candidate. The documentation provided evidence of progressive lower extremity weakness resulting in usage of a cane. The employee also has a history of a prior T-10 compression fracture for which a kyphoplasty is being contemplated. Thus, the employee is a candidate for thoracic MRI imaging in preparation for an invasive procedure. **The request for an MRI of the thoracic spine without contrast is medically necessary and appropriate.**

2) Regarding the request for Soma 350mg #120 :

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), page 29, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), page 29, which is part of the MTUS.

Rationale for the Decision:

The employee sustained an industrial related injury to the mid back on 11/21/2002. Review of the submitted medical records indicate that the employee has been treated with the following; analgesics medications; long-acting opioids, including OxyContin; muscle relaxants, including Soma; a back brace; prior MRI imaging of 10.28.2011, notable for a compression fracture at T10; and extensive periods of time off of work. A progress report indicates that the employee is no longer tolerating the soma; however the OxyContin is helping the employee with getting out of bed. The progress note also indicates that the employee is also having a difficult time ambulating and transferring. A request was submitted for an MRI of the thoracic spine without contrast and Soma 350mg tablets.

The Chronic Pain guidelines indicate that Soma or Carisoprodol is not recommended for chronic or long-term use purposes. It is not recommended for use in conjunction with other agents. A review of the submitted medical records indicates that the employee is on OxyContin and Soma together. The most recent progress report indicates that the employee is personally no longer tolerating Soma. **The request for Soma 350mg tablets, Qty: 120 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,

Paul Manchester, MD, MPH
Medical Director

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

/db

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.