
Notice of Independent Medical Review Determination

Dated: 9/18/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/16/2013

7/29/2012

7/17/2013

CM13-0001842

- 1) MAXIMUS Federal Services, Inc. has determined the requested retrospective usage of Terocin lotion 4 oz. **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested general orthopedic follow up visits (left hip) frequency not indicated **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested chiropractic sessions/physiotherapy (lumbar, left SI joint) 2 times per week for 4 weeks **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested follow up evaluation with an orthopedic spine surgeon (lumbar, left SI joint/hip) **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 requested retrospective usage of Terocin lotion 4 oz. **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested general orthopedic follow up visits (left hip) frequency not indicated **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested chiropractic sessions/physiotherapy (lumbar, left SI joint) 2 times per week for 4 weeks **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested follow up evaluation with an orthopedic spine surgeon (lumbar, left SI joint/hip) **is 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 Physical Medicine and Rehabilitation, 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 16, 2013:

“The claimant is almost 1 year status post injury and has been authorized for 6 chiropractic visits on 11/15/12 and again on 04/09/13. The claimant noted increase in the low back pain for the past three weeks. The claimant had a flare-up while driving two hours to see the AME. The claimant has not tried acupuncture in the past. The claimant is currently taking Advil 800mg on as need basis and utilizes Capsaicin cream and states that the medications help decrease pain. Exam findings include limitation of motion, tenderness, weakness and positive orthopedic tests. Current requests are open MRI of the lumbar spine, acupuncture two times per week for four weeks, chiropractic physiotherapy two times per week for four week for the lumbar spine, follow up in 6 weeks and medications that include Ketoprofen 7.5mg #90, and Terocin pain relief lotion 4oz #1.”

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 (dated 7/17/2013)
- Utilization Review from [REDACTED] (dated 7/16/2013)
- Medical Records from Dr. [REDACTED] (dated 8/9/12-9/27/12)
- Medical Records from [REDACTED] (dated 8/22/12)
- Medical Records from [REDACTED] (dated 10/19/12-4/26/13)
- Medical Records from [REDACTED], MD (dated 11/8/12-6/21/13)
- Medical Records from [REDACTED], MD (dated 6/5/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 1, Introduction pgs. 58; 111-113;
- Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, pg. 303

1) Regarding the request for retrospective usage of Terocin lotion 4 oz.:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 111-113, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. 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 sustained a work-related injury on July 29, 2012 to the left lower back and left hip. The medical records provided for review indicate a diagnosis of lower back strain, hip joint dysfunction, and mild left hip degenerative joint disease. Treatments have included chiropractic care, physical therapy, and pain medication. The request is for retrospective usage of Terocin lotion 4 oz.

The MTUS Chronic Pain Medical Treatment guidelines states Terocin is recommended after failure of antidepressants or anticonvulsants. The medical records provided for review indicate that the employee still takes an anticonvulsant, and antidepressant. Terocin contains topical lidocaine, and guidelines specifically state that other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. The request for retrospective usage of Terocin lotion 4 oz. is not medically necessary and appropriate.

2) Regarding the request for general orthopedic follow up visits (left hip) frequency not indicated:

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

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 303, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, pg. 127, which is not part of MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on July 29, 2012 to the left lower back and left hip. The medical records provided for review indicate a diagnosis of lower back strain, hip joint dysfunction, and mild left hip degenerative joint disease. Treatments have included chiropractic care, physical therapy, and pain medication. The request is for general orthopedic follow up visits (left hip) frequency not indicated.

ACOEM guidelines state a consultation can be made if the plan of care could benefit from additional expertise. The medical records provided for review indicate the orthopedic surgeon evaluated the employee on April 26, 2013 for the left hip/joint and requested an MRI and some joint injections. There was documentation to follow-up after the employee had the MRI. The request for general orthopedic follow up visits (left hip), frequency not indicated, is medically necessary and appropriate.

3) Regarding the request for chiropractic sessions/physiotherapy (lumbar, left SI joint) 2 times per week for 4 weeks:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 58, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. 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 sustained a work-related injury on July 29, 2012 to the left lower back and left hip. The medical records provided for review indicate a diagnosis of lower back strain, hip joint dysfunction, and mild left hip degenerative joint disease. Treatments have included chiropractic care, physical therapy, and pain medication. The request is for chiropractic sessions/physiotherapy (lumbar, left SI joint) 2 times per week for 4 weeks.

MTUS Chronic Pain guidelines indicate functional improvement should be seen within 3-6 sessions, and if there is, up to 18 visits can be approved. The medical

records provided for review indicate the employee only attended two sessions of chiropractic care, which would not be a long enough trial from which to establish functional improvement per the guidelines. The request for chiropractic sessions/physiotherapy (lumbar, left SI joint) 2 times per week for 4 weeks is medically necessary and appropriate.

4) Regarding the request for follow up evaluation with an orthopedic spine surgeon (lumbar, left SI joint/hip):

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

The Claims Administrator did not provide any evidence-based guidelines for its decision. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer stated MTUS does not address the issue at dispute and based his/her decision on California Rules and Regulations 9785, Reporting Duties of the Primary Treating Provider (PTP) as relevant and appropriate for the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on July 29, 2012 to the left lower back and left hip. The medical records provided for review indicate a diagnosis of lower back strain, hip joint dysfunction, and mild left hip degenerative joint disease. Treatments have included chiropractic care, physical therapy, and pain medication. The request is for follow up evaluation with an orthopedic spine surgeon (lumbar, left SI joint/hip).

The California Rules and Regulations 9785, Duties of the Primary Treating Physician (PTP), require follow-up visits every 45 days for a periodic report. The medical records provided for review indicate that the orthopedic spinal surgeon is the PTP. The request for follow up evaluation with an orthopedic spine surgeon (lumbar, left SI joint/hip) is 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

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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.