
Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 5/13/2012
IMR Application Received: 7/22/2013
MAXIMUS Case Number: CM13-0002373

- 1) MAXIMUS Federal Services, Inc. has determined the request for bilateral lower extremities neurodiagnostic studies **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one (1) Medrox patch prescription **is 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 7/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 3) MAXIMUS Federal Services, Inc. has determined the request for bilateral lower extremities neurodiagnostic studies **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for one (1) Medrox patch prescription **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 Neurology 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:

"The patient is a 48 year old male with a date of injury of 5/13/2012. Under consideration is the prospective request for 1 neurodiagnostic study of the bilateral lower extremities and 1 prescription of Medrox patches. This is an appeal to review 376891, which was conditionally non-certified on 6/14/13 by Dr. [REDACTED]. A prior request for neurodiagnostic studies was non-certified based on the lack of physical examination findings for radiculopathy to support the need of further diagnostic studies. The patient had documented findings of circumferential disc bulge on MRI which explain the symptoms and presentation negating the need for further diagnostic studies. At this time, the provider feels that neurodiagnostic testing is necessary to provide more information about the patient's condition. Review of the submitted documents revealed that the patient was being treated for low back pain with bilateral lower extremity pain. Relevant subjective information from the 6/16/13 examination included constant pain and difficulty with daily activities. Relevant objective findings included decrease lumbar range of motion with muscle spasm, as well as decreased-dermatomal sensation over the left L5 dermatome. Treatment for this patient's condition has included medication, acupuncture, physical-therapy, and chiropractic."

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 (date 7/22/2013)
- Utilization of Review by [REDACTED] (date 7/9/2013)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for bilateral lower extremities neurodiagnostic studies:

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, Chapter 12 (Low Back Complaints) (2004), page 303, which is part of the California 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 was injured on 5/13/2012 and has experienced back pain and bilateral lower extremity pain. The record indicates that examination showed decreased range of motion with spasm and dermatomal sensation. The request was submitted for bilateral lower extremities neurodiagnostic studies.

The ACOEM guidelines state that an EMG may be useful to obtain unequivocal evidence of radiculopathy, but an EMG is not necessary if radiculopathy is already clinically obvious. The medical records provided for review show signs of L5 radiculopathy by sensory findings upon examination. Thus, radiculopathy is clinically obvious. The request for bilateral lower extremities neurodiagnostic studies **is not medically necessary or appropriate.**

2) Regarding the request for one (1) Medrox patch prescription:

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 (2009), Topical Medications section, Salicylate Topicals section, Capsaicin Topical section, and Menthol section, which are part of the California 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 was injured on 5/13/2012 and has experienced back pain and bilateral lower extremity pain. The record indicates that examination showed decreased range of motion with spasm and dermatomal sensation. The request was submitted for one (1) Medrox patch prescription.

Medrox is a compounded product containing menthol 5%, capsaicin 0.0375%, and methyl salicylate 5%. The MTUS Chronic Pain Guidelines indicate that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The request for one (1) Medrox patch prescription **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;

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

/th

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.