

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	9/4/2010
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002671

- 1) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325 mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a lumbosacral (LSO) brace **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 Norco 10/325 mg #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a lumbosacral (LSO) brace **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 Physical Medicine & 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 17, 2013:

"This 43 year-old male was injured 9/4/10. The mechanism of injury was lifting. The carrier has accepted the claim for the low back. Electrodiagnostic studies, 4/24/13, was Normal; mild prolongation of bilateral tibial motor latencies across ankles. EMG Impression: Normal; moderate evidence of right L5 and mild evidence of right S1 radiculopathy; moderate evidence of left L5 radiculopathy. Lumbar laminectomy and fusion was non certified 6/27/13. No surgery has been reported to this reviewer relative to this injury. The patient reportedly attended a weight loss program. The requesting provider's medical report dated 6/27/13 stated: (handwritten and illegible). \"Request Norco and lumbar support brace. Follow up with Dr. [REDACTED], repeat recommendation for surgery. Functional: No change.\" The request was for Norco and a LSO brace."

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 Determination from Claims Administrator
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Norco 10/325mg #60:

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), page 89, which is a 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, pages 80-81, which are part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 9/4/2010 to the lower back. Treatment has included a weight loss program, electrodiagnostic studies, and medication management. The request is for Norco 10/325mg #60.

The MTUS Chronic Pain Guidelines allows for the use of Opioids for chronic moderate to severe pain however. Satisfactory response to treatment may be indicated by the individual's decreased pain, increased level of function, or improved quality of life. In this case, there is lack of documentation of how this medication is effective in employee's pain management, and if there is any functional improvement. The request for Norco 10/325mg #60 **is not medically necessary and appropriate.**

2) Regarding the request for a lumbosacral (LSO) brace:

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), 2nd Edition, (2004), page 301, which is a part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Low Back Chapter, which is a medical treatment guideline that is not a part of the MTUS, but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the section of the MTUS used by the Claims Administrator.

Rationale for the Decision:

The employee sustained a work-related injury on 9/4/2010 to the lower back. Treatment has included a weight loss program, electrodiagnostic studies, and medication management. The request is for a lumbosacral (LSO) brace.

The ACOEM guidelines do not support lumbar bracing. Specifically the ACOEM guideline states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The ACOEM Guidelines also state, "the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." The request for a lumbosacral (LSO) brace **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

/hs

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.