

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	10/17/2001
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002740

- 1) MAXIMUS Federal Services, Inc. has determined the request for Ativan 0.5mg #30 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for twelve sessions physical therapy for occasional exacerbation **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Valium 5mg **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Voltaren 1% 100gm **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Lidoderm #90 **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for hand surgical evaluation of left wrist **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for X-ray of the left hand and wrist to include scaphoid views **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for CT scan of the lumbar spine **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 7/15/2013. 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 **Ativan 0.5mg #30 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **twelve sessions physical therapy for occasional exacerbation is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Valium 5mg is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Voltaren 1% 100gm is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Lidoderm #90 is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **hand surgical evaluation of left wrist is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **X-ray of the left hand and wrist to include scaphoid views is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for **CT scan of the lumbar spine 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 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 August 16, 2013.

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 16, 2013

The patient is a 46 year old male with a date of injury of 10/17/2001. The provider has submitted a prospective request for 1 prescription of Ativan 0.5mg #30, 12 sessions of physical therapy for occasional exacerbation (up to 1-2 visits per month over 6 months), 1 prescription of Valium 5mg, 1 prescription of Voltaren 1% 100gm, 1 prescription of Lidoderm #90, 12 sessions of counseling (1-2 visits per month over 6 months), 1 hand surgical evaluation of left wrist, 1 x-ray of the left hand and wrist to include scaphoid views, 1 CT scan of the lumbar spine and 1 referral for second opinion regarding redo of back.

The 3/7/2013 progress report noted complaints of nerve pain in the left leg, back pain, knee pain due to abnormal gait, foot pain with hypersensitivity of the S1 area, and left wrist pain with fall when his left leg gave out. The patient noted spasms in the bilateral legs that is worse when he stands. When this occurs, the right great toe goes up and he has heel zingers. When he lays down the left lower extremity hurts and if he stands in one position he develops a pinching in the right buttock. The patient found that he can stand straighter so far. The patient had a right knee injection but is awaiting efficacy. Functionally, the right leg gives out and he falls in which he injured other parts of his body such as the left wrist. He reported sharp pain on the inside of the wrist without swelling but just a quick stab when he changes from bent to extended. There was left wrist numbness reported with pain from the fall when the right leg gave out. He still has left wrist pain with x-rays given by PCP that revealed no fracture just soreness with pain and pressure. He is tired of the pain but doesn't want to take medications. The patient reported complaints of depression. While in physical therapy, there was fewer leg cramps. H-wave therapy only masked the pain and TENS therapy does not have strength for pain. The patient also reported going to the gym, which is helpful and helps him minimize medications. The patient has completed 6 visits of physical therapy for the knee, traction, chiropractic treatment, acupuncture, aqua massage and had a rhizotomy that only helped for about a month. Objective findings included the patient moving constantly with a VAS of 8. He could not sit on the right buttock and reported pain on the bottom of the right foot. There was neck full range of motion and pain at the base of the right thumb, 1st CMC that increased with stress of radial carpal ligaments. There was pain at the left wrist as well as limited back flexion with arms supporting, pain extending backwards, lateral flexion and rotation. Also reported was pain from the lumbar to ischium and right gluteal area outside of the leg was sore. Muscle spasms were documented with painful lipomas on the left lumbar. There was a mild positive bilateral straight leg raise to back/lateral thigh and reverse straight leg raise was positive on the left. There was pelvic obliquity due to sparing of the weight on the left lower extremity and he cannot stand straight, but supports himself. The knee exam noted right knee flexion to 100 degrees, left 115 with full extension and can squat. There was right knee pain posteriorly and pain at the joint line with no joint swelling and no instability. DTR's were 2+ in upper extremity, 3+ in lower extremities at Achilles. Decreased sensation was reported on the outside of the left foot and left outside leg, left L5 on right and S1 in which he cannot find pinprick. The patient cannot easily toe walk and cannot heel walk on the left.

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 07/23/2013
- Utilization Review Determination from [REDACTED] (dated 07/16/2013)
- Employee medical records from [REDACTED] (dated 07/31/2013)
- Medical Treatment Utilization Schedule (MTUS)
- No date, Epidural steroid injection procedure note, [REDACTED].
- 03/23/2012, Treating Physician's Progress Report, [REDACTED], MD.
- 03/23/2012, Referral to surgery, [REDACTED], MD.
- No date, Request for Authorization for Medical Treatment.
- 03/23/2012, Treating Physician's Progress Report, [REDACTED], MD.
- 05/03/2012, Progress note, [REDACTED], DPM.
- 05/09/2012, Treating Physician's Progress Report, [REDACTED], MD.
- No date, Request for Authorization for Treatment.

- 05/10/2012, Progress note, [REDACTED], RNT.
- 05/21/2012, Notice of Insufficient Information, [REDACTED].
- 05/29/2012, Notice of Utilization Review Decision, [REDACTED].
- 05/31/2012, Orders for physical therapy.
- 06/11/2012, Request for DME.
- 07/10/2012, Progress note, [REDACTED], DPM.
- 07/12/2012, Treating Physician's Progress Report, [REDACTED], MD.
- 07/19/2012, Notice of Insufficient Information, [REDACTED].
- 07/30/2012, Notice of Utilization Review Decision, [REDACTED].
- 08/10/2012, Qualified Medical Re-Evaluation, [REDACTED], MD.
- 08/27/2012, Request for Authorization for Medical Treatment, [REDACTED], DPM.
- 09/06/2012, PT note, [REDACTED], PT.
- 09/10/2012, Progress note, [REDACTED], DPM.
- 09/10/2012, Physical therapy plan of care, [REDACTED], PT.
- 09/10/2012, Re-evaluation, [REDACTED], PT.
- 09/17/2012, Treating Physician's Progress Report, [REDACTED], MD.
- 09/17/2012, Treating Physician's Progress Report, [REDACTED], MD.
- 09/17/2012, Request for Medical Treatment, [REDACTED], MD.
- 09/17/2012, Orders for continuation of PT.
- 10/04/2012, PT note, [REDACTED], PT.
- 10/08/2012, Progress note, [REDACTED], DPM.
- 11/07/2012, Request for physical therapy.
- 10/19/2012, PT orders, no stated provider.
- No date, Information Regarding Independent Gym Conditioning Program, [REDACTED].
- 10/19/2012, PT Re-evaluation, [REDACTED], PT.
- 10/22/2012, Progress note, [REDACTED], DPM.
- 11/06/2012, Correspondence with Clinical Summary, [REDACTED], MD.
- 10/09/2012, PT note, [REDACTED], PT.
- 10/08/2012, Progress note, [REDACTED], DPM.
- 11/07/2012, Progress note, [REDACTED], MD.
- 11/07/2012, Treating Physician's Progress Report, [REDACTED]twood, MD.
- 11/07/2012, Request for Authorization of Treatment.
- No date due to poor copy quality, Request for MRI of the left knee.
- 11/10/2012, Utilization Review Determination, [REDACTED], MD.
- 11/14/2012, Supplemental Report, [REDACTED], MD.
- 11/15/2012, Correspondence, [REDACTED].
- 11/28/2012, Request for Additional Information, [REDACTED].
- 11/29/2012, Supplemental Report, [REDACTED], MD.
- 11/29/2012, Progress note, [REDACTED], DPM.
- 12/02/2012, Utilization Review Determination, [REDACTED].
- 12/17/2012, Correspondence, [REDACTED].
- 01/02/2013, Supplemental Report, [REDACTED], MD.
- 01/07/2013, Progress note, [REDACTED], MD.
- 01/07/2013, Treating Physician's Progress Report, [REDACTED], MD.
- 01/07/2013, Request for Authorization, [REDACTED], MD.
- 01/07/2013, Dr. [REDACTED] Request Form.
- 01/07/2013, Prescription, [REDACTED], MD.
- 02/11/2013, Progress note, [REDACTED]er, DPM.
- 02/18/2013, Utilization Review Determination, [REDACTED].

- 02/27/2013, PT note, [REDACTED], PT.
- 02/28/2013, Supplemental Report, [REDACTED], MD.
- 03/07/2013, Request for Authorization, [REDACTED], MD.
- 03/07/2013, Treating Physician's Progress Report, [REDACTED], MD.
- 03/07/2013, Treating Physician's Progress Report, [REDACTED], MD.
- 03/19/2013, Utilization Review Determination, [REDACTED].
- 03/25/2013, Progress note, [REDACTED], DPM.
- 04/01/2013, X-ray report, left wrist, [REDACTED], MD.
- 04/01/2013, X-ray report, left hand, [REDACTED], MD.
- 05/02/2013, Qualified Medical Re-Evaluation, [REDACTED], MD.
- 05/21/2013, Request for Authorization, [REDACTED], MD.
- 05/21/2013, Treating Physician's Progress Report, [REDACTED], MD.
- 05/21/2013, Treating Physician's Progress Report, [REDACTED], MD.
- 06/03/2013, Progress note, [REDACTED], DPM.
- 07/13/2013, Request for Additional Information, [REDACTED].
- 07/16/2013, Request for Additional Information, [REDACTED].
- 07/16/2013, Utilization Review Determination, [REDACTED].
- 07/24/2013, Utilization Review Determination, [REDACTED].
- 07/26/2013, Notification of Assignment and Request for Information, [REDACTED].
- 07/31/2013, Correspondence, [REDACTED].

1) Regarding the request for Ativan 0.5mg #30:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24, which is part of the MTUS.

Rationale for the Decision:

MTUS Guidelines indicate that benzodiazepines are “not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedatives/hypnotics/anxiolytic, anti-compulsive, and muscle relaxant. The chronic use of benzodiazepines is the treatment of choice in very few conditions.” The rationale for continuing this medication has not been provided by the records reviewed. A previous review also found this request to be not medically necessary. The records indicate the employee has been on this medication since at least 05/02/2013, and the overall efficacy of this medication has not been demonstrated by the medical records provided. Lacking evidence of efficacy of this medication, with guidelines not supporting long-term use, and with documentation that this medication had been provided for at least 5 months, the rationale for continuing this medication has not been provided. **The request for Ativan 0.5mg #30 is not medically necessary and appropriate.**

2) Regarding the request for twelve sessions physical therapy for occasional exacerbation:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, which is part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines indicate that “patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercises can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.” Furthermore, guidelines indicate that for myalgia and myositis, “9 to 10 visits over 8 weeks” is considered reasonable. The records do not indicate that the employee has need for this service at this time. This request is not supported by guidelines. **The request for twelve (12) session of physical therapy for occasional exacerbation is not medically necessary and appropriate.**

3) Regarding the request for Valium 5mg:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24, which is part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines indicate that this medication, also known as a benzodiazepine, is “not recommended for long-term use because the long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedatives/hypnotic/anxiolytic, anti-convulsants, and muscle relaxants. Chronic benzodiazepines are the treatment of choice for very few conditions.” Medical records demonstrate that the employee was on this medication as early as 05/02/2013. The rationale for prescribing that medication at that time was not demonstrated. The efficacy of that medication has not been demonstrated by the records provided. As the efficacy has not been demonstrated, and as guidelines do not support a long-term use of this medication and the employee has been on this medication since at least 05/02/2013, this request is not considered medically necessary and is non-certified. **The request for Valium 5mg is not medically necessary and appropriate.**

4) Regarding the request for Voltaren 1% 100gm:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which is part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines indicate this medication is “largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.” Guidelines further state that there is “little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder.” Furthermore, guidelines indicate that this medication is “not recommended, as there is no evidence to support use.” The rationale for continuing this medication also has not been demonstrated, as the overall efficacy of this medication was not demonstrated by the records provided. **The request for Voltaren 1% 100gm is not medically necessary and appropriate.**

5) Regarding the request for Lidoderm #90:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Lidoderm, pages 56, 57, which is part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Guidelines indicate this medication is a topical lidocaine and “may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants) or AED such as gabapentin or Lyrica.” Guidelines further indicate this is “not a first-line treatment and is only FDA approved for postherpetic neuralgia.” Guidelines indicate that further research is needed to “recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia.” The submitted medical records failed to indicate a current failure of AEDs or tricyclic or SNRI antidepressants. The efficacy of this medication has not been demonstrated by the records provided. **The request for Lidoderm #90 is not medically necessary and appropriate.**

6) Regarding the request for hand surgical evaluation of left wrist:

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 ACOEM Guidelines, Chapter 11(Forearm, Wrist and Hand Complaints), (2004), pg 268-270, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pgs. 253-254, which is part of the MTUS.

Rationale for the Decision:

The request is for a hand surgical evaluation. X-rays are described as normal for both the left wrist and left hand. Guidelines indicate that “in the absence of red flags, occupational and permanent care providers can safely and effectively manage work-related forearm, hand, and wrist complaints.” Lacking documentation of a specific fracture in the hand or wrist and lacking documentation that a primary care provider cannot address this issue. **The request for hand surgical evaluation of the left wrist is not medically necessary and appropriate.**

7) Regarding the request for X-ray of the left hand and wrist to include scaphoid views:

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 ACOEM Guidelines, Chapter 11(Forearm, Wrist and Hand Complaints) (2004), pg 267-268, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pgs. 253-254, which is part of the MTUS.

Rationale for the Decision:

Guidelines indicate that “for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out.” This would include documentation of a wrist injury with snuffbox tenderness. The records do not indicate that the employee is tender at the snuffbox. The employee has full range of motion of the wrist and hand at this time. Therefore, rationale for providing x-rays of the left wrist and hand to include scaphoid use is not considered medically necessary. **The request for x-ray of the left hand and wrist to include scaphoid is not medically necessary and appropriate.**

8) Regarding the request for CT scan of the lumbar spine:

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 ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2004), pg 303, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pgs. 303-305, which is part of the MTUS.

Rationale for the Decision:

Guidelines state that “relying solely on imaging studies to evaluate the source of low back and related symptoms creates a significant risk of diagnostic confusion.” Guidelines indicate that “unequivocal objective findings that identify specific nerve compromise of the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option.” The most recent clinical exam is of 05/21/2013, which indicates that the employee had been recommended to have surgery on the wrist. On 05/02/2013, a Qualified Medical Exam was performed, and there was “no specific lumbar tenderness.” The employee had a “negative femoral stretch test.” Neurological exam revealed “sensation is intact over all dermatomes of the lower extremities. Motor is 5/5 in all muscle groups tested in the upper and lower extremities. The records do not reveal and significant functional deficits to warrant this level of the imaging studies. **The request for CT scan of the lumbar spine 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

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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.