

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/4/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/16/2013
Date of Injury: 3/19/2010
IMR Application Received: 7/23/2013
MAXIMUS Case Number: CM13-0002751

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription trial of Cymbalta 30mg **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 x-ray of the cervical spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 x-ray of the shoulders **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 7/16/2013. 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 1 prescription trial of Cymbalta 30mg **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 x-ray of the cervical spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 x-ray of the shoulders **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 July 16, 2013:

"The patient is a 47 year old female with a date of injury of 3/19/2010. Under consideration are authorization requests for one prescription trial of Cymbalta 30mg, 5 cognitive behavior therapy sessions with initial evaluation, 1 x-ray of the cervical spine and 1 x-ray of the shoulders.

A review of the submitted records indicates that the patient is being treated for neck and bilateral upper extremity pain. As per the 6/28/2013 evaluation by [REDACTED], MD, her relevant objective findings included: 47 year old; right-hand-dominant female; height 5'1"; weight 173lbs; moderately obese; no acute distress; appears casually dressed, well developed, well-nourished and stated age; sits comfortably throughout history; able to get out of chair and on and off examination table without request for 5 cognitive behavior therapy sessions, with initial evaluation, is certified. The current evidence-based guidelines state that cervical x-rays are not needed, unless a three- or four-week period of conservative care and observation fails to improve symptoms with true neck or upper back problems. The use of x-ray imaging in the cervical spine may be considered medically necessary in certain situations (see guidelines, below). Based on the documents submitted, an x-ray of the cervical spine appears clinically inappropriate. The records indicate that the patient suffered with chronic neck pain. A cervical spine MRI, dated 2/14/2013, revealed the following: mild mid cervical

spondylosis, no significant spinal or neuroforaminal stenosis at any cervical level and stable mild central stenosis and mild bilateral neuroforaminal stenosis at T2-3 and T3-4 secondary to small disc bulges. At the most recent evaluation, clinical findings did not demonstrate any red-flag conditions that would warrant additional imaging of the cervical spine. Based on the aforementioned discussion, along with the lack of support from the current guidelines, the retrospective request for 1 x-ray of the cervical spine, completed on 06/28/2013, is non-certified. Regarding shoulder x-ray's, the current treatment guidelines state that for most patients with shoulder problems, special studies are not needed, unless a four to six-week period of conservative care and observation fails to improve symptoms. X-ray imaging in the shoulder may be considered medically necessary in certain situations (see guidelines, below). Based on the documents submitted, x-ray imaging of the shoulders seems clinically inappropriate. The records indicate that the patient had a history of shoulder pain. In January 2012, the patient's bilateral shoulder x-ray findings demonstrated Type II-III acromion bilaterally with acromioclavicular joint spurring about bilateral shoulders. At the most recent evaluation, clinical findings did not demonstrate any red-flag conditions that would warrant additional imaging. Based on the aforementioned discussion, along with the lack of support from the current guidelines, the retrospective request for 1 x-ray of the shoulders, completed on 06/28/2013, is non-certified."

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 7/23/13)
- Utilization Review from [REDACTED] (dated 7/16/16)
- Medical Treatment Utilization Schedule (MTUS)

Note: No medical records were submitted timely by the claims administrator.

1) Regarding the request for 1 prescription trial of Cymbalta 30mg:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on MTUS Chronic Pain Treatment Guidelines, Anti depressant, pg. 13-15, and Selective serotonin and norepinephrine reuptake inhibitors (SNRIs).

Rationale for the Decision:

The employee sustained a work-related injury on March 19, 2010 to the neck, shoulders, and bilateral upper extremities. No medical records were provided for review. The utilization review determination indicates treatments have included medication management, a cervical MRI, previous should X-rays. The request is for a prescription trial of Cymbalta 30mg.

The MTUS Chronic Pain guidelines support anti-depressants, and particularly Cymbalta, as treatment for anxiety, depression and in some cases of chronic

pain. MTUS states “Recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain.” Based on a review of the information in the utilization review determination, the employee has documented chronic pain and depression. Therefore, the request for a prescription trial of Cymbalta 30mg **is medically necessary and appropriate.**

2) Regarding the request for 1 x-ray of the cervical spine:

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), Chapter 9, Shoulder Complaints, pg.207 which is part of Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines (ODG), Shoulder (Acute & Chronic). 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 March 19, 2010 to the neck, shoulders, and bilateral upper extremities. No medical records were provided for review. The utilization review determination indicates treatments have included medication management, a cervical MRI, previous should X-rays. The request is for an x-ray of the cervical spine.

The MTUS ACOEM guidelines state that diagnostic studies for C-Spine are needed when there is a new injury, red flags, or a trauma. In this case, per the utilization review determination, the employee suffers from a chronic neck pain which would not require a routine x-ray work-up. Moreover, the employee had a recent MRI of C-spine without any need for additional studies. The request for an x-ray of the cervical spine **is not medically necessary and appropriate.**

3) Regarding the request for 1 x-ray of the shoulders:

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), Chapter 9 Shoulder Complaints, pg.207 which is part of Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines (ODG), Shoulder (Acute & Chronic). 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 March 19, 2010 to the neck, shoulders, and bilateral upper extremities. No medical records were provided for review. The utilization review determination indicates treatments have included medication management, a cervical MRI, previous should X-rays. The request is for an x-ray of the shoulders.

The MTUS ACOEM guidelines state that diagnostic studies are needed when there is a new injury, red flags, or a trauma. In this case, per the utilization review determination, the employee suffers from chronic shoulder pain and does not require a routine x-ray work-up. The request for an x-ray of the shoulders 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.