
Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

3/9/2012

7/24/2013

CM13-0002807

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 MRI of the brain with and without contrast **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 MRI of the C-spine with and without contrast **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 MRI of the T-spine with and without contrast **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 MRI of the L-spine with and without contrast **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 1 Lindora weight loss program **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for 1 CBC **is medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for 1 ANA **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for 1 ESR **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for 1 RF **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 MRI of the brain with and without contrast **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 MRI of the C-spine with and without contrast **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 MRI of the T-spine with and without contrast **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 MRI of the L-spine with and without contrast **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 1 Lindora weight loss program **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for 1 CBC **is medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for 1 ANA **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for 1 ESR **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for 1 RF **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 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 11, 2013:

Clinical Rationale

The patient is a 55 year old female with a date of injury of 3/9/2012. Under consideration for authorization are prospective requests for 1 Consultation with a Neurosurgeon; 1 Consultation with a Neurologist; 1 MRI Brain, C-Spine, T-Spine, L-Spine with and without contrast; 1 Lindora weight loss program; and 1 CBC, CMP, TSH, FT4, ANA, ESR, CRP, RF, and H. Pylori.

According to available documentation, the patient has a history of chronic neck, back, and hip pain "for years"; however, these pain complaints were noted to have worsened at work secondary to bending and evaluation of low back complaints, the need for special studies and referral is appropriate.

The provider has indicated the patient's EMG/NCV testing revealed demyelinating peripheral neuropathy with sensory greater than motor, mixed axonal findings. This is a red flag finding and suggestive of a possible serious underlying medical condition. Therefore, the request for 1 consultation with a neurologist is recommended certified. To clarify, this is only a certification for consultation, not any specific treatment.

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 7/24/2013)
- Utilization Review Determination from [REDACTED] (dated 7/11/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for 1 MRI of the brain with and without contrast:

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), Head, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG).

Rationale for the Decision:

The employee sustained a work related injury on March 9, 2012 resulting in damage to the head and back. The employee has a history of chronic neck, back, and hip pain. The request is for 1 MRI of the brain with and without contrast.

Medical records submitted and reviewed indicate exam and history do not suggest intracranial pathology. There is history of depression and migraine. Exam findings to suggest neuropathy or myelopathy do not indicate the need for

a brain MRI. The criteria have not been met. **The request for 1 MRI of the brain with and without contrast is not medically necessary and appropriate.**

2) Regarding the request for 1 MRI of the C-spine with and without contrast:

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 8), Neck and Upper Back Complaints, pg. 177-178, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 8), Neck and Upper Back Complaints, pg. 177-178, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work related injury on March 9, 2012 resulting in damage to the head and back. The employee has a history of chronic neck, back, and hip pain. The request is for 1 MRI of the C-spine with and without contrast.

ACOEM Guidelines support the need for imaging of the cervical or thoracic spine if there is sign of radiculopathy and worsening neurologic deficits. Medical records submitted and reviewed do not indicate signs of radiculopathy or worsening neurologic deficits. The criteria have not been met. **The request for 1 MRI of the C-spine with and without contrast is not medically necessary and appropriate.**

3) Regarding the request for 1 MRI of the T-spine with and without contrast:

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 8), Neck & Upper Back Complaints, pg. 178, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG), Low Back – Lumbar & Thoracic (Acute & Chronic), which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8), Neck & Upper Back Complaints, pg. 178, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work related injury on March 9, 2012 resulting in damage to the head and back. The employee has a history of chronic neck, back, and hip pain. The request is for 1 MRI of the T-spine with and without contrast.

ACOEM Guidelines support need for imaging of the cervical or thoracic spine if there is sign of radiculopathy and worsening neurologic deficits. Medical records submitted and reviewed do not indicate signs of radiculopathy or worsening neurologic deficits. The criteria have not been met. **The request for 1 MRI of the T-spine with and without contrast is not medically necessary and appropriate.**

4) Regarding the request for 1 MRI of the L-spine with and without contrast:

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 12), Low Back Complaints, pg. 53, 303, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG), Low Back – Lumbar & Thoracic (Acute & Chronic), which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12), Low Back Complaints, pg. 53, 303, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work related injury on March 9, 2012 resulting in damage to the head and back. The employee has a history of chronic neck, back, and hip pain. The request is for 1 MRI of the L-spine with and without contrast.

Medical records submitted and reviewed indicate the employee had L-spine imaging since injury, with findings that correlate with EMG. There is no indication of progressive deficits for which repeat L-spine MRI would be helpful. The criteria have not been met. **The request for 1 MRI of the L-spine with and without contrast is not medically necessary and appropriate.**

5) Regarding the request for 1 Lindora weight loss program:

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

The Claims Administrator based its decision on the U.S. Preventative Services Task Force. Screening for and management of obesity in adults: Ann Intern Med. 2012 Sep 4; 157(5):373-8, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of

Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on (U.S. Preventative Services Task Force. Screening for and management of obesity in adults: Ann Intern Med. 2012 Sep 4;157(5):373-8).

Rationale for the Decision:

The employee sustained a work related injury on March 9, 2012 resulting in damage to the head and back. The employee has a history of chronic neck, back, and hip pain. The request is for 1 Lindora weight loss program.

Guidelines do not address any specific clinic such as Lindora. Medical records submitted and reviewed indicate that the employee has gained weight since the injury and a weight loss program is warranted, there is no indication that it would be more or less beneficial than other weight loss programs. **The request for 1 Lindora weight loss program is not medically necessary and appropriate.**

6) Regarding the request for 1 CBC :

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, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Medical Services Commission, Rheumatoid arthritis; diagnosis, management and monitoring. Victoria (BC); British Columbia Medical Services Commission: 2012 Sept 30. 7p. [12 references], which is not part of the California Medical Treatment Utilization Schedule.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 70, NSAIDS, specific drug list & adverse effects, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work related injury on March 9, 2012 resulting in damage to the head and back. The employee has a history of chronic neck, back, and hip pain. The request is for 1 CBC.

Guidelines suggest routine monitoring. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Medical records submitted and reviewed indicate the employee is on NSAIDS and periodic monitoring is warranted. The criteria have been met. **The request for 1 CBC is medically necessary and appropriate.**

7) Regarding the request for 1 ANA :

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, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Medical Services Commission, Rheumatoid arthritis; diagnosis, management and monitoring. Victoria (BC); British Columbia Medical Services Commission: 2012 Sept 30. 7p.[12 references], which is not part of the California Medical Treatment Utilization Schedule.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Medscape, chronic back pain.

Rationale for the Decision:

The employee sustained a work related injury on March 9, 2012 resulting in damage to the head and back. The employee has a history of chronic neck, back, and hip pain. The request is for 1 ANA.

Medscape review of chronic back pain notes red flags that warrant further assessment, including History of trauma or cancer, unintentional weight loss, immunosuppression, use of steroids or IV drugs, osteoporosis, age >50 years, focal neurologic deficit, and progression of symptoms. It suggests that if the history elicits reports of fever, night sweats, and chills that might suggest other causes for the low back pain, then, at a minimum, obtain a CBC count, erythrocyte sedimentation rate, and urinalysis to rule out cancer or infection. Serum and urine electrophoresis studies may help to rule out multiple myeloma at an early stage when radiographic imaging studies appear negative or inconclusive. Medical records submitted and reviewed do not indicate any red-flag features. The criteria have not been met. **The request for 1 ANA is not medically necessary and appropriate.**

8) Regarding the request for 1 ESR :

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, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Medical Services Commission, Rheumatoid arthritis; diagnosis, management and monitoring. Victoria (BC); British Columbia Medical Services Commission: 2012 Sept 30. 7p.[12 references], which is not part of the California Medical Treatment Utilization Schedule.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Medscape, chronic back pain.

Rationale for the Decision:

The employee sustained a work related injury on March 9, 2012 resulting in damage to the head and back. The employee has a history of chronic neck, back, and hip pain. The request is for 1 ESR.

Medscape review of chronic back pain notes red flags that warrant further assessment, including History of trauma or cancer, unintentional weight loss, immunosuppression, use of steroids or IV drugs, osteoporosis, age >50 years, focal neurologic deficit, and progression of symptoms. It suggests that if the history elicits reports of fever, night sweats, and chills that might suggest other causes for the low back pain, then, at a minimum, obtain a CBC count, erythrocyte sedimentation rate, and urinalysis to rule out cancer or infection. Serum and urine electrophoresis studies may help to rule out multiple myeloma at an early stage when radiographic imaging studies appear negative or inconclusive. Medical records submitted and reviewed do not indicate any red-flag features. The criteria have not been met. **The request for 1 ESR is not medically necessary and appropriate.**

9) Regarding the request for 1 RF :

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, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Medical Services Commission, Rheumatoid arthritis; diagnosis, management and monitoring. Victoria (BC); British Columbia Medical Services Commission: 2012 Sept 30. 7p.[12 references], which is not part of the California Medical Treatment Utilization Schedule.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Medscape, chronic back pain.

Rationale for the Decision:

The employee sustained a work related injury on March 9, 2012 resulting in damage to the head and back. The employee has a history of chronic neck, back, and hip pain. The request is for 1 RF.

Medscape review of chronic back pain notes red flags that warrant further assessment, including History of trauma or cancer, unintentional weight loss, immunosuppression, use of steroids or IV drugs, osteoporosis, age >50 years, focal neurologic deficit, and progression of symptoms. It suggests that if the history elicits reports of fever, night sweats, and chills that might suggest other causes for the low back pain, then, at a minimum, obtain a CBC count, erythrocyte sedimentation rate, and urinalysis to rule out cancer or infection. Serum and urine electrophoresis studies may help to rule out multiple myeloma at an early stage when radiographic imaging studies appear negative or inconclusive. Medical records submitted and reviewed do not indicate any red-flag features. The criteria have not been met. **The request for 1 RF 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

/ldh

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.