
Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/18/2013
Date of Injury: 6/9/2010
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0002941

- 1) MAXIMUS Federal Services, Inc. has determined the request for Physical Therapy (six sessions) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Acupuncture (six sessions) **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Extracorporeal Shock Wave Therapy (ESWT) to the lumbar spine **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for LINT, lumbar spine **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Final Return to Work/Functional Capacity Evaluation (RTW/FCE) **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Neurodiagnostic medical/legal evaluation report **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for pain fiber/NCS lumbar spine **is not medically necessary and appropriate.**

- 8) MAXIMUS Federal Services, Inc. has determined the request for Flurbi 20% Tram 20% Lipoderm base, 240GM times one **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for dispensing fee **is not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the request for Medrox patch **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 7/18/2013. 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 Physical Therapy (six sessions) **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Acupuncture (six sessions) **is not medically necessary and appropriate.**
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- 10) MAXIMUS Federal Services, Inc. has determined the request for Medrox patch **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.

CLINICAL SUMMARY:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 18, 2013:

“The patient is a 58 year-old male, employed as a health treatment worker. The date of hire was June 9, 2010. The date of injury was June 9, 2010. The mechanism of injury occurred when he opened a counter weight door; pushing and pulling baskets out of a furnace. The accepted injury is to the lumbar spine. The current diagnoses are: Status-post lumbar surgery with pain; lumbar intervertebral .disc syndrome with radiculitis. Treatment has included: 2011 lumbar epidural steroid injections x 2; 8/3/11 lumbar surgery; diagnostics.”

“In the most applicable report on file, dated June 11, 2013, Dr. [REDACTED] notes: Handwritten PR-2 (mostly illegible). Subjective: The patient has low back pain, rated 8/10. Objective: Patient-has painful, limited range of motion and lumbar spasm.”

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Physical Therapy (six sessions) :

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, pg. 98-99, which is a part of the MTUS.

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

Rationale for the Decision:

After a review of the records provided, the employee reports an injury to the low back. The employee is noted to have undergone a left L4-5 hemilaminectomy and microdiscectomy on 08/03/2011. Also noted continued complaints of ongoing low back pain with radiation of pain down the left lower extremity and is reported to have painful limited range of motion of the lumbar spine. Per the notes, the employee has undergone a recent MRI which noted diffuse disc bulges of the lumbar spine and to have undergone an epidural steroid injection with lysis of adhesions on 07/02/2013 with 50% reduction of pain for 2 days. The California MTUS recommends 9-10 visits of PT for treatment of myalgia and myositis, and 8-10 visits of PT for treatment of neuralgia, neuritis or radiculitis; however, they do not recommend continuation of previous treatment without documentation the patient had improved functionality, a decrease in work restrictions or decrease in

dependency on medical treatment. As the employee underwent PT in the past without documentation of improved function or decreased dependency on medication or other medical treatment, the request for additional PT does not meet MTUS guideline recommendation. **The request for Physical Therapy (six sessions), is not medically necessary and appropriate.**

2) Regarding the request for Acupuncture (six sessions) :

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 Acupuncture Medical Treatment Guidelines, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, pg. 8-9, which is a part of the MTUS.

Rationale for the Decision:

A review of the records provided and California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehab or surgical intervention to hasten functional recovery. As the employee is not noted to have undergone a reduction of pain medications and is not reported to not tolerate medications, and the employee is not reported to be undergoing physical therapy or a surgical intervention, the requested acupuncture does not meet California MTUS Guideline recommendations. Based on the above, **the request for Acupuncture (six sessions) is not medically necessary and appropriate.**

3) Regarding the request for Extracorporeal Shock Wave Therapy (ESWT) to 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 Official Disability Guidelines (ODG), Current version-Low Back Chapter, which is not a part of the 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 Romeo, P., V. Lavanga, and V. Sansone. "Clinical Application of Extracorporeal Shock Wave Therapy in Musculoskeletal Disorders: A Review." *Altern Integ Med* 2, no. 109 (2013): 2, which is not a part of the MTUS.

Rationale for the Decision:

The California MTUS/ACOEM does not address the request for extracorporeal shock wave therapy to the lumbar spine. A journal article from *Alternative and Integrative Medicine* notes that the main therapeutic applications for extracorporeal shock wave are for disturbances of bone healing or findings of tendinopathy. After a review of the records provided, there is no documentation

that the employee is being treated for a non-healing long bone or for tendinopathy, the requested extracorporeal shock wave therapy does not meet guideline recommendations. Based on the above, **the request for Extracorporeal Shock Wave Therapy (ESWT) to the lumbar spine is neither medically necessary nor appropriate.**

4) Regarding the request for LINT, 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 Chronic Pain Medical Treatment Guidelines, pg. 114-121, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines-Percutaneous neuromodulation therapy (PNT), pg. 98, which is a part of the MTUS.

Rationale for the Decision:

The California MTUS Guidelines do not recommend the use of percutaneous neuromodulation therapy as it is considered experimental. As such, the request for an LINT does not meet guideline recommendations. Based on the above, **the request for LINT, lumbar spine is not medically necessary and appropriate.**

5) Regarding the request for Final Return to Work/Functional Capacity Evaluation (RTW/FCE) :

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 Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Functional Capacity Evaluations, which is a part of the 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, Online Version, Fitness for Duty Chapter-Functional capacity evaluation (FCE), which is not a part of the MTUS.

Rationale for the Decision:

The request was submitted for a Final RTW/FCE. The California MTUS Guidelines do not address the request. The Official Disability Guidelines do not recommend the use of an FCE if the sole purpose is to determine the worker's effort or compliance. After re review of the records provided, there is no indication the FCE has been ordered to determine the ability for the employee to return to work, the need for an FCE is not established. **The request for Final RTW/FCE is not medically necessary and appropriate.**

6) Regarding the request for Neurodiagnostic medical/legal evaluation report :

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 Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, pg. 127, which is not a part of the 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 American College of Occupational and Environmental Medicine, Chapter 7, page 127, Online Edition, which is not a part of the MTUS.

Rationale for the Decision:

A request was submitted for a neurodiagnostic evaluation. After a review of the records provided, there is no documentation on physical examination that the employee has neurological deficits on physical exam, abnormal reflexes, or an abnormal strength of the lower extremities, the need for an electrodiagnostic evaluation is not established. **The request for Error! Reference source not found. is not medically necessary and appropriate.**

7) Regarding the request for pain fiber/NCS 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Pages 303 & 309 and Table 12-8.

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

Rationale for the Decision:

California MTUS Guidelines recommend electrodiagnostic studies for assessment of the lower extremities when neurological examination is less clear. After a review of the records provided, the employee is noted on physical exam to have normal sensation to the bilateral lower extremities, normal strength, and normal deep tendon reflexes. In addition, the guidelines recommend electromyography with H-Wave reflex testing but do not indicate the need for nerve conduction studies for assessment of radiculopathy. As such, the requested pain fiber/NCS lumbar spine does not meet guideline recommendations. **The request for pain fiber/NCS lumbar spine is not medically necessary and appropriate.**

8) Regarding the request for Flurbi 20% Tram 20% Lipoderm base, 240GM times one :

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 2009 Chronic Pain Medical Treatment Guidelines, pg 111-113, which is a part of the MTUS. Also cited is the Official Disability Guidelines, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines-Topical Anagesics, pg. 111-112, which is part of the MTUS.

Rationale for the Decision:

The California MTUS Guidelines state that topical NSAIDs are recommended for the use of treatment of osteoarthritis and tendinitis of the knee or elbow or other joints that are amenable to topical treatment for short term use. There is no evidence of topical NSAIDs in the treatment of osteoarthritis of the spine, hip or shoulder, nor is there any evidence to support the use of topical nonsteroidal anti-inflammatories for treatment of neuropathic pain. After a review of the records provided, the employee is not noted to be treated for osteoarthritis in joints amenable to treatment with topical nonsteroidal anti-inflammatory analgesics and topical nonsteroidal anti-inflammatory analgesics are not recommended for the treatment of neuropathic pain. The need for a compounded product containing flurbiprofen 20% and tramadol 20% does not meet guideline recommendations. **The request for Error! Reference source not found.is not medically necessary and appropriate.**

9) Regarding the request for dispensing fee :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not provide any evidence-based guidelines for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines-Topical Anagesics, pg. 111-112, which is part of the MTUS.

Rationale for the Decision:

As the requested compounded medication containing flurbiprofen and tramadol is not indicated, the need for a dispensing fee is not established. Based on the above, the request for a dispensing fee is not medically necessary and appropriate.

10)Regarding the request for Medrox patch :

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, pg. 111-113, which is a part of the MTUS.

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

Rationale for the Decision:

The employee has been prescribed Medrox patches. Medrox patches contain methyl salicylate 20%, menthol 20%, and capsaicin 0.0375%. The California MTUS Guidelines recommend the use of topical nonsteroidal anti-inflammatories for treatment of osteoarthritis or tendinopathy in joints amenable to application of topical preparations and do not recommend the use of topical nonsteroidal anti-inflammatories for treatment of osteoarthritis of the lumbar, hip or shoulder. The Medrox patches also contain capsaicin 0.0375%. The California MTUS Guidelines recommend the use of capsaicin as a treatment for osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post-mastectomy pain. Guidelines state that there is no current indication for use of 0.0375% formulation of capsaicin. After a review of the records provided, the employee is not noted to have osteoarthritis and the requested 0.0375% formulation of capsaicin is not indicated, the request for Medrox patches does not meet guideline recommendations. **The request for Medrox patch 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.