
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/25/2013
Date of Injury: 3/25/2002
IMR Application Received: 7/26/2013
MAXIMUS Case Number: CM13-0003630

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62-year-old female injured on 03/25/2002. The mechanism of injury was unclear. The documentation indicates injuries to both the neck and the low back. Most recent clinical progress report in this case is from Dr. [REDACTED] from 07/25/2013, citing continued radiating right lower extremity pain, left arm pain and stiffness, and neck complaints dating back to time of injury. It states current treatment is including Cymbalta, Lyrica, and Topamax. Formal physical examination showed no findings to be documented. The claimant was noted to be status post a prior 3 level anterior cervical discectomy and fusion with current diagnoses of continued cervical pain, lumbosacral pain with radiculopathy, and an underlying diagnosis of degenerative joint disease with annular disc tearing at L1-2 through L3-4. Treatment plan at that date was for continuation of medications in the form of Cymbalta, Lyrica, Omeprazole, OxyContin, Percocet, Robaxin, Topamax, topiramate, and trazodone. Also noted were 12 sessions of formal physical therapy to be performed for diagnoses of cervical disc herniation and cervical and lumbar radiculopathy.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Physical therapy Qty. 6 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

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

The Physician Reviewer's decision rationale:

Based on the California MTUS Chronic Pain Guidelines, six additional sessions of formal physical therapy would not be supported. The claimant is greater than 10 years from injury being treated for neck and low back complaints for diagnoses of degenerative joint disease and radiculitis. An additional six sessions of therapy would exceed guideline criteria in the chronic pain setting, which would only recommend up to 8 sessions to 10 sessions for exacerbation of acute complaints. The need for 6 additional sessions of therapy at this stage in the claimant's clinical course is not supported. **The request for physical therapy Qty. 6 is not medically necessary and appropriate.**

2. Dulera 200/5 inhaler is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

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 Physicians Desk Reference (PDR). Dulera.

The Physician Reviewer's decision rationale:

The California MTUS Chronic Pain and ACOEM Guidelines do not address Dulera inhalers. The PDR states that this is a combination inhaled agent for asthma symptoms. Asthma is not documented as a working diagnosis or supported diagnosis in this case. There is no mention of its recent use. **The request for Dulera 200/5 inhaler is not medically necessary and appropriate.**

3. Prilosec 20mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Nonsteroidals, GI Symptoms, and Cardiovascular Risks, pages 68 and 69, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the California MTUS Chronic Pain Guidelines, use of Omeprazole in this case would not be supported. Omeprazole, a proton pump inhibitor, is indicated when increased risk of gastrointestinal events or NSAID related symptoms are present. The records do not indicate this claimant to be at documented risk for gastrointestinal event, based on California MTUS Chronic Pain Guideline criteria. The role of Prilosec at this stage in the clinical course is not supported. **The request for Prilosec 20mg is not medically necessary and appropriate.**

/lkh

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.

[REDACTED]

CM13-0003630