

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	9/15/2011
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003868

- 1) MAXIMUS Federal Services, Inc. has determined the request for a diagnostic occipital injection **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a gastrointestinal consultation **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a right leg sympathetic block **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 6/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 a diagnostic occipital injection **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a gastrointestinal consultation **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a right leg sympathetic block **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.

Expert Reviewer Case Summary:

The IMR applications shows the employee, injured on 9/15/11, disputes the 6/28/13 UR decision. There are 1,234 pages of records for this review, but there was no 6/28/13 UR decision. The closest UR letter is dated 7/3/13 that states the diagnostic occipital injections, GI consult and right leg sympathetic blocks are not necessary. The UR letter was in response to a 6/10/13 RFA and apparently 5/3/13-6/11/13 office reports. None of which were included in the extensive records for IMR. In fact, the 1,234 pages of records do not include any current reports for 2013. The most recent report available for IMR is dated 11/9/12, it is an internal medicine AME by Dr [REDACTED]

The patient was injured on 9/15/11 after she slipped and fell out of the side door of her work van, landing on her right knee and also injuring her back and base of skull, right scapular area, right side of her neck and right arm. She has had fairly extensive work up with neurology, internal medicine, orthopedic, chiropractic, pain management and psychological evaluations.

The 7/3/13 UR letter states the patient has chronic cervicalgia, bilateral upper extremity referred radicularpathic pain, neuropathic pain, intermittent exacerbations of myofascial strain, and cervicogenic headaches.

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 [REDACTED]
- Medical records were not timely submitted by the claims administrator
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a diagnostic occipital injection:

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

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 the Official Disability Guidelines (ODG), Head and Neck Chapter, Greater occipital nerve block (GONB).

Rationale for the Decision:

The ODG state diagnostic occipital injections are "under study" for treatment, but may have some value for differentiating between cervicogenic, migraines and tension headaches. There was no current medical reports submitted for this review, but the 7/3/13 UR letter mentions cervicogenic headache, and the available 8/23/12 neurology report shows a diagnoses of headache mixed muscle contraction/vascular. Based on the reviewed records, the occipital nerve block for diagnostic purposes is in accordance with the ODG. **The request for a diagnostic occipital injection is medically necessary and appropriate.**

2) Regarding the request for a gastrointestinal consultation:

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) guidelines, 2004, 2nd Edition, Chapter 7, page 127, which is not 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 American College of Occupational and Environmental Medicine (ACOEM) guidelines (2004), 2nd Edition, Chapter 7, page 127, which is not part of the MTUS.

Rationale for the Decision:

The 7/3/13 UR letter stated the gastrointestinal (GI) consultation was not necessary because there was no evidence of primary or secondary GI effects with multiple medications. Current medical records were not provided for this review. The 11/9/12 AME report by the internal medicine physician noted the patient has various complaints secondary to the medications, including heartburn and reflux, 3-4 episodes per week. The internal medicine physician wanted an upper GI and abdominal ultrasound. It was noted that long term use of NSAIDs is associated with greater risk for acid-related GI symptomatology. The physician stated 80% of the upper GI disability is industrially related, and 100% of the constipation is industrially related. Given the employee's history of industrially-related GI issues, and no current information as to whether the employee is being followed by a GI specialist, the consultation is medically appropriate. **The request for a gastrointestinal consultation is medically necessary and appropriate.**

3) Regarding the request for a right leg sympathetic block:

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 California MTUS: CRPS, sympathetic and epidural blocks, which is part of the MTUS

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Regional sympathetic blocks, page 103-104, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines indicate that sympathetic blocks are generally limited to the diagnosis and therapy for CRPS. The guidelines further state proposed indications include: Circulatory insufficiency of the leg: (Arteriosclerotic disease; Claudication: Rest pain; Ischemic ulcers; Diabetic gangrene; Pain following arterial embolus). Pain: Herpes Zoster; Post-herpetic neuralgia; Frostbite; CRPS; Phantom pain. There is no evidence in the submitted records indicating the employee suffers from any of these conditions. The request is not in accordance with MTUS guidelines. **The request for a right leg sympathetic block 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

/bh

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.