

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



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**Notice of Independent Medical Review Determination**

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/16/2013

5/30/2000

7/31/2013

CM13-0005115

- 1) MAXIMUS Federal Services, Inc. has determined the request for **CT scan myelogram of the lumbar spine** is medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **right greater Trochanter Cortisone injection** is medically necessary and appropriate.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **random urine drug screen** is medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 **CT scan myelogram of the lumbar spine** is medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **right greater trochanter cortisone injection** is medically necessary and appropriate.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **random urine drug screen** is 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:

A 70 year old, 5 foot and 5 inch, 165 pound female was injured on 5/30/2000 while working as a [REDACTED]. The employee fell off a cement slab/step, landing on her buttocks with her legs under her. She was on the cement for 45 mins before the ambulance arrived and took her to [REDACTED]. She underwent carpal tunnel releases and left shoulder surgery during 2002 and 2003. She had right shoulder surgery in 2008. She is status post (s/p) lumbar surgery three times. The employee had a spinal cord stimulator implanted in 2011. On 3/7/13 the employee had a left sacroiliac (SI) joint fusion. Prior to the industrial injury, the employee had a right hip injury requiring hip replacement. This occurred in 1999. Accepted body parts include low back, bilateral knees, right hip, and psyche. The right eye is disputed. Sometime around May-June 2013, the employee fell at home landing on her buttock. While she was bruised x-rays did not show any fractures. Current medications include Norco, Ambien, Robaxin, prevacid, hormone pills, Mobic, and a water pill. The orthopedic evaluation dated 07/17/2013 shows a current diagnosis of mechanical fall with injury to the low back and right hip; s/p right hip replacement. The spinal surgeon's note dated 7/1/13 document a diagnoses of s/p L3-4 decompression, laminotomy and osteotomy, bilateral lower extremity (BLE) radiculopathy, L1/2 and L2/3 adjacent segment degeneration with facet arthropathy, L3/4 stenosis, bilateral SI joint fusion on 3/7/13, s/p thoracolumbar SCS placement, and s/p right hip surgery.

## **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 from Provider
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for CT scan myelogram of 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 Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pp. 308-310, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pp. 303-305: Special Studies and Diagnostic and Treatment Considerations, which is a part of MTUS.

#### Rationale for the Decision:

MTUS guidelines indicate that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. The employee has a long history of lower back pain, several surgeries, and spinal cord stimulation (SCS) implant. The employee has radiculopathy and spinal stenosis. About 7 weeks to 2 months ago, the employee had another fall and aggravation of symptoms. The spinal surgeon has requested computer tomography (CT) myelogram to evaluate for fractures and the stenosis at the level of prior surgery. **The request for CT scan myelogram of the lumbar spine is medically necessary and appropriate.**

### **2) Regarding the request for right greater trochanter cortisone injection :**

#### 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), Hip and Pelvis Chapter, Trochanteric Bursa Injection, which is not a part of 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 ODG guidelines, Hip Chapter for Trochanteric bursitis injections.

Rationale for the Decision:

The Official Disability Guidelines indicate that cortisone injections are recommended in the treatment of trochanteric bursitis/pain, which is the second leading cause of hip pain in adults. Trochanteric corticosteroid injection is a simple, safe procedure that can be diagnostic as well as therapeutic. Use of a combined corticosteroid-anesthetic injection typically results in rapid, long-lasting improvement in pain and in disability. Particularly in older adults, corticosteroid injection should be considered as first-line treatment of trochanteric bursitis because it is safe, simple, and effective. Medical records indicate from 6/4/13, the employee was complaining of increasing right hip pain. There was tenderness over all aspects of the right hip, with decreased range of motion (ROM) and severe pain with internal rotation, external rotation, abduction and flexion. The employee underwent the right trochanter injection on 7/1/13, and the examination of the right hip on 7/31/13, was essentially unremarkable. The trochanter injection appears to be successful and was in accordance with the guidelines.

**The request for right greater Trochanteric Cortisone injection is medically necessary and appropriate.**

3) **Regarding the request for random urine drug screen :**

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 criterias for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Drug Testing, pg. 43, 94-95, which is a part of MTUS.

Rationale for the Decision:

MTUS guidelines indicate that urine drug screening (UDS) is recommended as an option to assess for the presence of illegal drugs, and to avoid misuse of opioids. Medical records reviewed indicate the employee was reported to be using Norco for pain control. The frequency of the UDS does not appear to be an issue in this case, as the last UDS was on 12/20/12. Therefore the UDS in July 2013 is in accordance with the guidelines. **The request for random urine drug screen is 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, 18<sup>th</sup> 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.