MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/15/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/21/2013
Date of Injury:	10/13/2011
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005134

1) MAXIMUS Federal Services, Inc. has determined the request for a cervical spine MRI without contrast **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for a right shoulder MRI with articular contrast **is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for a pain management treatment **is medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #90 **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 7/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 cervical spine MRI without contrast **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for a right shoulder MRI with articular contrast **is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for a pain management treatment **is medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for Norco 10/325mg #90 **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:
The patient is 49 year-old, right-handed, 5'2", 150 lbs, male, who fell off a ladder while picking apples on 10/13/11. He estimates falling about 8 feet. He lost consciousness and was taking to the [redacted] in [redacted]. He had CT of the head, neck and abdomen. There were disc space narrowing and marginal osteophytes at C3/4, C4/5 and facet arthropathy at C2/3. Medications were Vicodin and OxyContin. The 12/5/12 authorized medical examination (AME) shows prior ER visits and the potential for alcohol abuse and drug seeking behavior. He was being treated by [redacted], for neck, right shoulder and right upper extremity symptoms, but then referred to [redacted], the orthopedic surgeon, due to failure to respond. [redacted] and [redacted], both felt there was cervical radiculitis as well as a shoulder internal derangement.

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 Employee/Employee Representive
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for** a cervical spine MRI without contrast **:**

   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 based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) into the MTUS from the ACOEM Practice Guidelines, Special Studies and Diagnostic and Treatment Considerations, pages 177-178, which is part of the MTUS.

   Rationale for the Decision:
   The ACOEM Guidelines state "imaging is appropriate after a 4 week period of observation and conservative care fails to improve symptoms." Review of the submitted medical records indicates that the employee was referred to orthopedic surgery due to persistent symptoms despite conservative care. The orthopedists felt there was cervical radiculitis, loss of motion, with radiation to the right trapezius with lateral bending, and radiation down the right arm to mid forearm. The provider also felt there was right shoulder internal derangement. Right shoulder strength was 3+/5, due to pain and possible radiculitis. **The request for a cervical spine MRI without contrast is medically necessary and appropriate.**

2) **Regarding the request for** a right shoulder MRI with articular contrast **:**

   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 based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), Special Studies and Diagnostic and Treatment Considerations, pages 207-209, which is part of the MTUS.

Rationale for the Decision:
The ACOEM Guidelines do support imaging for clarification of anatomy and for further evaluation from failure to progress in a strengthening program intended to avoid surgery. Review of the medical records indicates that the employee has had persistent shoulder symptoms for over 6 weeks. The employee was given a referral to orthopedic surgery. The orthopedists found shoulder range of motion (ROM) to be 45 degrees flexion and 90 degrees abduction and there was 3+/5 weakness and pain at end ranges. The provider requested the right shoulder MRI with contrast to evaluate for internal derangement. The request is in accordance with ACOEM guidelines. **The request for a right shoulder MRI with articular contrast is medically necessary and appropriate.**

3) **Regarding the request for** a pain management treatment **:**

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 Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56, which is not part of MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Consultation, page 127, which is not part of MTUS.

Rationale for the Decision:
The ACOEM Guidelines state: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. And a consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." A review of the submitted medical records indicates that the orthopedic surgeon reported the employee's pain levels were not adequately controlled with Norco and OxyContin. The employee did not recall where the OxyContin came from, but was requesting Morphine, because a Morphine injection was given during an ER visit. The orthopedist was not comfortable prescribing anything stronger than Norco 10/325mg #90 for this employee, and recommended transfer of all medication management to a pain management physician. **The request for a pain management treatment is medically necessary and appropriate.**

4) **Regarding the request for** Norco 10/325mg #90 **:**

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 based his/her decision on the Chronic Pain Medical Treatment Guidelines, Pain Interventions and Treatments, page 11 and Pain Outcomes and Endpoints, page 8, which is part of MTUS.

Rationale for the Decision:
The Chronic Pain guidelines state “treatment shall be provided as long as pain persists, and does not state that treatment must be discontinued if there is still pain, or the pain is poorly controlled.” Review of the submitted medical records indicate that the orthopedic surgeon realized that the Norco was not adequately controlling the employee’s pain levels, but the provider was not comfortable with prescribing the Morphine or a higher dose of Norco given the employee’s history. Instead, the orthopedist recommended a referral to pain management to take over all medications and renewed the Norco in the interim. The employee’s pain levels and cervical range of motion (ROM) were significantly worse since the Norco ran out. This was documented by comparing the exam findings on 6/27/13 to the 7/16/13. **The request for Norco 10/325mg #90 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, 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.