

Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/30/2013
Date of Injury: 7/9/2012
IMR Application Received: 8/5/2013
MAXIMUS Case Number: CM13-0006746

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

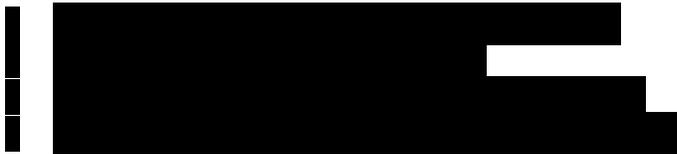
cc: Department of Industrial Relations, [REDACTED]

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 Occupational 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:



CLINICAL CASE SUMMARY

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

The patient is a 54 year old male with a DOI of 7/9/2012 with complaints of neck pain, lumbar spine, right shoulder, bilateral arms and hands. Mechanism of injury was moving a generator. The patient has been treated with medications, physical therapy, acupuncture, he has had UDS that showed no indication of abuse 3/2013. He has had an MRI/EMG, cortisone in right shoulder, patient states acupuncture did not help his pain. The patient continues to have pain 7/10

IMR DECISION(S) AND RATIONALE(S)

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

1. Lab tests is not medically necessary and appropriate.

The Claims Administrator based its decision on the <http://labtestsonline.org/understanding/conditions/liver-disease/?start=2>, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg 207, which is part of the MTUS.

The Physician Reviewer's decision rationale:

There is no indication in the employee's history that there is any co-morbid condition delaying the recovery. In addition previous testing did not indicate any abnormalities. ACOEM 2nd edition page 207 does not recommend routine lab testing unless there is a red flag. There is no red flag in this case. **The request for lab tests is not medically necessary and appropriate.**

2. Urine drug screen is not medically necessary and appropriate.

The Claims Administrator based its decision on the <http://www.cigna.com/healthinfo/hw4260.html>, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 78, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The employee has had issues with pain since the DOI. Consisting of poor pain control and still complains of over a 7/10 pain. The employee has been prescribed several different kinds of narcotics and anti-inflammatories. The opioid treatment needs review, however, there is no need for continued monitoring every 3 months as requested. Monitoring needs to be done with specific goals in mind. Also the employee should be evaluated in a multi-disciplinary setting as recommended on page 78 of CA MTUS, continuing opioid care. CA MTUS allows for the use of drug screening but does not state duration and frequency. As the employee will need medication changes, a standing order for UDS is inappropriate. **The request for urine drug screen is not medically necessary and appropriate.**

3. Vicodin is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 76-80, Opioids, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 79, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The employee has been using Vicodin for several months with no relief in pain. The employee continues to have significant pain, over 7-10/10. The employee also continues to have restrictions and decreased ability to work. According to CA MTUS (when to discontinue opioids), the opioid medications need to be addressed, especially if pain persists past a trial period for the medication. **The request for Vicodin is not medically necessary and appropriate.**

4. Three follow-up visits is not medically necessary and appropriate.

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

The Physician 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), 2nd Edition, (2004) Chapter 7, page 127, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The employee has had multiple treating providers. The employee continues to have symptoms of shoulder, neck and back pain. CA MTUS does not address consultations. ACOEM 2nd edition, chapter 7 discusses consultations and recommends them to aid in diagnosis and management. A follow-up visit may be appropriate as the employee continues to have issues, but since there is no

specific recommendation for treatment yet, setting a number of follow-ups would be inappropriate unless a treatment plan is set or the consultant takes over care. **The request for three follow-up visits is not medically necessary and appropriate.**

5. 12 additional acupuncture to the right shoulder and neck is not medically necessary and appropriate.

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

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The employee has already had several (12) acupuncture visits. The employee has stated that the acupuncture has not helped with the symptoms. The employee continues to have decreased function and severe pain. CA MTUS acupuncture guidelines page 9 allow for a trial of acupuncture which may be extended if there is an increase in function. This employee did not show this increase. **The request for 12 additional acupuncture to the right shoulder and neck is not medically necessary and appropriate.**

6. Ibuprofen is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 67-68, NSAIDS, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDS, page 67, which is part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS is specific regarding the use of NSAIDS. It recommends NSAIDS for short term use in low back pain and osteoarthritis. The employee has been taking ibuprophen for an extended period of time and continues to have significant pain. The employee does not meet the criteria for use of NSAIDS as it has not helped the pain and has exceeded recommended time frames. **The request for Ibuprofen is not medically necessary and appropriate.**

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.