

Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/24/2013
Date of Injury: 9/3/1998
IMR Application Received: 8/20/2013
MAXIMUS Case Number: CM13-0006827

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: PARTIAL OVERTURN. This means we decided that some (but not all) 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 52 year old female and has a date of injury of 9/3/1998 with pain in the neck, upper back, shoulders, wrists and knees. She has a history of high blood pressure and treated by internal medicine. She has had a cervical MRI in 2008 that showed 3-4mm bulges in C3-7. EMG in 2008 suggest bilateral CTS and the patient has had bilateral CTS release. She had a psyche visit in 2011, and has had a pain management consultation 12/21/2012. She has had physical therapy, aquatherapy. She was recently sent to the hospital for chest pain but was discharged.

IMR DECISION(S) AND RATIONALE(S)

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

1. Cervical epidural injections is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, page 46, which is part of the MTUS.

The Physician Reviewer based his/her decision on the the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, page 46, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The employee complains of numbness in hands but there is no defined neurological distribution. CA MTUS recommends ESI as a treatment for radicular pain. The employee does not meet this specific criteria. The specific criteria outlined by MTUS includes radiculopathy documented by physical exam and corroborated by imaging studies or electrodiagnostic studies. As the MRI in 2008 did show disc bulges, they were wide spread and EMG did not show cervical radiculopathy. Therefore, the employee does not meet criteria in MTUS for cervical ESI. **The request for cervical epidural injections is not medically necessary and appropriate.**

2. Lumbar shockwave therapy; one (1) time a week for six (6) weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the ODG, Low Back Chapter, Shock wave therapy, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrotherapy section, which is part of the MTUS; and the Official Disability Guidelines (ODG), Low Back Chapter, Shock wave therapy section, which is not part of the MTUS

The Physician Reviewer's decision rationale:

CA MTUS does not address shockwave for the lumbar spine, even though it does address transcutaneous electrotherapy. For this method, MTUS has very specific criteria for TENS or Hwave, other forms of TE are not recommended. ODG low back chapter does not recommend shockwave treatment for low back issues as evidence does not support its use. **The request for lumbar shockwave therapy; one (1) time a week for six (6) weeks is not medically necessary and appropriate.**

3. Right and left cock-up wrist splints is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Ed., 2004, Chapter 11, Forearm, Wrist, and Hand Complaints, Physical Methods, Chapter 11, page 266, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, CTS, page 15, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The employee has a history of CTS and has been treated with surgery. CA MTUS addresses CTS. It states that post surgery, a home therapy program is superior to extended splinting. In addition CA MTUS references ACOEM 2nd edition which in chapter 11 states that any treatment such as splinting should not interfere with total body activity. **The request for right and left cock-up wrist splints is not medically necessary and appropriate..**

4. Follow up with internal medicine is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, pg 127, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, pg 127, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The employee has had prior visits to internal medicine. The employee had a blood pressure issues that has been treated with medication. The employee also has been recently sent to the hospital with chest pain. ACOEM chapter 7 addresses consultations as MTUS does not. It recommends consult for diagnosis and treatment. As this employee has had a significant medical event, the consult with internal medicine is appropriate. **The request for follow up with internal medicine is medically necessary and appropriate.**

5. Follow up with psyche is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, pg 127, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, pg 127, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS does not address consultations. ACOEM chapter 7 states that consultations should be used to address diagnosis and treatment. In this case, there is no indication the employee is having psych issues. The PTP did not indicate the need for this referral in recent PR-2s. **The request for follow up with psyche is not medically necessary and appropriate.**

6. Follow up with pain medicine is medically necessary and appropriate.

The Claims Administrator based its decision on the The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, pg 127, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, page 78, which is part of the MTUS; and the ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS does not address consultations. ACOEM chapter 7 states that consultations should be used to address diagnosis and treatment. In this case, the employee continues to have chronic pain. There is no indication for surgery and the pain management would be appropriate to help alleviate symptoms. CA MTUS does allow for multi-disciplinary approach for patients with chronic pain (Opioids, criteria for continued use). **The request for follow up with pain medicine is medically necessary and appropriate.**

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