

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/2/2013  
Date of Injury: 11/13/2012  
IMR Application Received: 8/5/2013  
MAXIMUS Case Number: CM13-0006985

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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

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

All medical, insurance, and administrative records provided were reviewed.

The applicant is a Central California Staffing Service employee who has a filed a claim for chronic hand and finger pain reportedly associated with an industrial injury of November 13, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; initial diagnosis of crush injury to the left hand; left hand surgery in November 2012; psychological evaluation; adjuvant medications for neuropathic pain; and work restrictions. It is unclear whether the applicant's limitations have been accommodated by the employer or not.

In a utilization review report of July 3, 2013, the claims administrator denied a request for psychological consultation and a urine drug screen. The applicant's attorney subsequently appealed, on July 31, 2013.

A later note of August 7, 2013 is notable for ongoing complaints of hand pain. The patient applicant has weakness about the hand. It is stated that the applicant has sustained psychological trauma and is afraid of returning to her job. The applicant is presently on Motrin and Neurontin for pain relief and reports ancillary complaints of dizziness, headaches, tinnitus, and memory loss. Diminished strength is noted about the left hand, scored at 3/5. It is stated that the applicant has an opioid contract on file, although the applicant does not appear to be taking any opioids.

An earlier note of July 3, 2013 is notable for comments that the applicant should consult a psychologist, consider possible repeat surgery, and obtain electrodiagnostic testing.

It is also noted that the urine drug screen of July 1, 2013 is itself reviewed. The applicant appeared to have undergone both screening and confirmatory tests, all of which apparently came

back negative. In addition to testing for standard drug classes, the applicant underwent testing for numerous metabolites, including six different barbiturate metabolites, six different benzodiazepine metabolites, four opioid metabolites, and approximately 10 phenothiazine metabolites.

### **IMR DECISION(S) AND RATIONALE(S)**

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

#### **1. A urine drug screen is not medically necessary and appropriate.**

The Claims Administrator based its decision on the California MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, page 43, which is part of the MTUS and the Official Disability Guidelines, Urine Drug Testing, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse urine drug testing in the chronic pain population, the MTUS does not identify specific parameters for performing drug testing or discuss the frequency with which drug testing should be performed. As noted in the ODG chronic pain chapter, confirmatory tests are generally not indicated and are most valuable in the emergency department drug overdose context. It is further noted that the attending provider should provide a detailed list of all drugs the applicant is taking as well as the specific drugs being evaluated for on the urine drug test. In this case, however, the attending provider did not clearly state which drug or drugs he intended to test for, although he did provide the applicant's medication list. Furthermore, the attending provider did not state why confirmatory testing was needed or indicated here. Several ODG criteria have not been met. Therefore, the request is non-certified.

#### **2. A psychological consultation/psychiatric consultation is medically necessary and appropriate.**

The Claims Administrator based its decision on the California MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 15, Stress related conditions, Referral, page 398 and the Chronic Pain Medical Treatment Guidelines, Psychological Treatment, page 101, which are part of the MTUS

The Physician Reviewer's decision rationale:

As noted in the MTUS-adopted ACOEM Guidelines in chapter 15, the presence of persistent psychiatric symptoms beyond six to eight weeks do warrant the additional expertise of a physician specializing in mental health disorders. In this case, the applicant does seemingly have persistent mental health issues, is fearful of returning to work and seemingly has other psychiatric overlay associated with what appears to be a significant traumatic injury. It is incidentally noted that the favorable ACOEM recommendation is echoed by that of page 101 of the MTUS Chronic Pain Medical Treatment Guidelines, which state that psychological treatment is recommended for appropriately identified individuals during treatment of chronic pain. In this case, it is unclear whether the applicant has stand alone mental health issues or mental health issues which have arisen secondary to chronic pain. In any case, both guidelines support a

psychological or psychiatric consultation here. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

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.

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[REDACTED]

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