

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
7/8/2013

9/20/2009

8/5/2013

CM13-0006996

- 1) MAXIMUS Federal Services, Inc. has determined the request for 2 trigger point injections with 40mg of Depo-Medrol with 4cc of 0.5% Lidocaine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 CT scan of the lumbar spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Neurontin 300mg **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/23/2013. 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 2 trigger point injections with 40mg of Depo-Medrol with 4cc of 0.5% Lidocaine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 CT scan of the lumbar spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Neurontin 300mg **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.

Expert Reviewer Case Summary:

47 year old with 9/20/09 injury with history of lumbar surgery and chronic pain. MRI from 3/12/10 showed 4mm disc at L5-1. 2/7/11 MRI showed a large disc herniation at L4-5. Right ankle fracture with ORIF on 5/22/12. Dr. [REDACTED] internal medicine report from 6/16/12 recommends cessation of NSAIDs to avoid further GI problems.

7/11/12 report by pain medicine Dr. [REDACTED], shows occipital blocks and a list of medications prescribed as well as a urine drug screen. Neurontin is not listed as one of the medications. No trigger points on exam.

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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 2 trigger point injections with 40mg of Depo-Medrol with 4cc of 0.5% Lidocaine:

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 Medical Treatment Guidelines, Trigger Point Injections, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Trigger point injections, pg. 122, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

None of the reports reviewed show any evidence of trigger points. The employee has been recommended for lumbar surgery to address a disc herniation and there does not appear to be a need for trigger point injections. **The request for 2 trigger point injections with 40mg of Depo-Medrol with 4cc of 0.5% Lidocaine is not medically necessary and appropriate.**

2) Regarding the request for 1 CT scan 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Low Back Complaints, pg. 303, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 304 and Table 12-7, which are part of the California Medical Treatment Utilization Schedule, and the Official Disability Guidelines (ODG), Low Back Chapter, CT scan of L-spine, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee already had an MRI. ACOEM guidelines indicate MRI is superior to CT scan unless bone pathology is being investigated. The 6/1/13 report does not mention a request for CT scan, but describes MRI findings. The treating provider did not provide any justification and rationale for the request. **The request for 1 CT scan of the lumbar spine is not medically necessary and appropriate.**

3) Regarding the request for Neurontin 300mg:

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 Medical Treatment Guidelines, Neurontin (gabapentin), which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin, Gabarone, generic available, pgs. 18-19, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee suffers from chronic low back and leg pain with a large disc herniation per MRI. The request at hand is Neurontin 300mg once daily. This appears to be a starting dose to treat neuropathic pain. For continued use, documentation of pain and functional improvement need to be provided. **The request for Neurontin 300mg 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

/ldh

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.