

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 5/23/2011
IMR Application Received: 8/7/2013
MAXIMUS Case Number: CM13-0008271

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 Physical Medicine & Rehabilitation, has a subspecialty in and is licensed to practice in Oklahoma and Texas. 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from employee/employee representative and Provider
- Medical Treatment Utilization Schedule (MTUS)

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 44-year-old female who reported an injury on 05/23/2011 with the mechanism of injury being unclear; however, the patient noted that she developed a sudden pain in the low back and numbness in the right leg, to where the patient could not walk. The patient had complaints of pain in the low back, rated at a 2/10. The patient was noted to have pain radiating to the bilateral legs down to the toes. The patient was noted to have no prior surgery. The patient's medication was noted to be Tylenol. The patient's diagnoses were noted to include lumbar degenerative disc disease and lumbar facet syndrome. The plan was noted to include a hot and cold contrast system and a drug screen.

IMR DECISION(S) AND RATIONALE(S)

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

1. The request for a hot and cold contrast system is not medically necessary and appropriate.

The Claims Administrator based its decision on: Not clear from the UR determination.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12 does not specifically address Hot/Cold Unit, it does address cold packs, page 298-300, which is part of the MTUS and Official Disability Guidelines (ODG), Low Back Chapter does not address Hot/Cold Unit, Knee & Leg Chapter, Continuous Flow Cryotherapy, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS/ACOEM Guidelines do not address hot/cold units specifically, but they do address cold packs. The Official Disability Guidelines recommend continuous flow

postoperatively; however, they do not recommend it for non-surgical treatment. The clinical documentation submitted for review failed to provide the necessity for continued cold therapy. Additionally, it stated that the patient's pain level was a 2/10, and the patient was noted to have diffuse tenderness over the lumbar paraspinal musculature. There was noted to be moderate facet tenderness at L4-S1. The patient was noted to have low back pain with a straight leg raise at 60 degrees, and the patient was noted to have lateral bending of 20 degrees bilaterally, flexion of 60 degrees and extension of 10 degrees. The clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Additionally, it was not stated as to the duration of care for the hot and cold contrast system. Given the above, the request for a hot and cold contrast system is non-certified.

2. The request for a urine drug screen is not medically necessary and appropriate.

The Claims Administrator based its decision on: Not clear from the UR determination.

The Physician Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, page 43 and 78, On-going Management, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS Guidelines recommend the use of drug screening for patients with documented issues of abuse or poor pain control. The clinical documentation submitted for review indicated that the patient was taking Tylenol and failed to provide the necessity for the requested service. It failed to provide that the patient had documented issues of abuse or poor pain control. Given the above, the request for a urine drug screen is non-certified.

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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