

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/2/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/22/2013
Date of Injury:	3/6/2013
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008766

- 1) MAXIMUS Federal Services, Inc. has determined the request for **ongoing care with pain management is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **ongoing care with pain management is not 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 Anesthesiology, has a subspecialty in Pain Management 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 Expert 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The claimant is a 60-year-old female presenting with back pain and bilateral lower extremity pain following a work-related injury on March 6, 2010. The pain is described as episodic locking, spasm, tenderness, and weakness in the lumbar spine with radiation to the buttocks and thighs. The pain is associated with numbness and tingling in the right lower extremity. The pain is exacerbated by activity and relieved with rest. The pain in the lower extremities is described as tenderness and limited range of motion and associated with swelling. The pain is exacerbated by weightbearing and flexion. MRI of the cervical spine on 6/4/2013 was significant for C5-6 demonstrated central and foraminal osteophyte formation with somewhat more foraminal encroachment towards the right side, and minor right-sided uncinat process spurs and slight foraminal encroachment at C4-5. The physical exam was significant for antalgic gait, tenderness to palpation in the right sciatic notch as well as the upper, mid, and lower paravertebral musculature, limited range of motion, straight leg raise and rectus femoris stretch sign causing pain in the lower back without nerve irritability, decreased sensation in the right lower extremity in the L5-S1 distribution, medial and lateral pain with McMurray's maneuver at the bilateral knees. The claimant was diagnosed with right lumbar radiculopathy, lumbar disc bulging with annular tear and extruded component, lumbar disc protrusion at L2-3 and L5-S1 with pars defect and bilateral internal derangement of the knees.

### **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 ongoing care with pain management:

### 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 ODG-TWC Pain Procedure Summary, which is not part of the MTUS.

The Expert 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 1. Niemisto, Leena, MD et al. A Randomized Controlled Trial of Combined Manipulation, Stabilizing Exercise, and Physician Consultation Compared to Physician Consultation alone for Chronic Low Back Pain. *Spine*, 2003; 28(19): 2185-2191, which is not part of the MTUS, and 2. Von Korff, Michael et al. A Trial of an Activating Intervention for Chronic Back Pain in Primary Care and Physical Therapy Settings *Pain*, 2005; 113(3): 323-330, which is not part of the MTUS.

### Rationale for the Decision:

On-going Pain management is not medically necessary. There is lack of documentation of the employee's response to conservative therapy, which may be appropriately ordered and assessed by the primary care physician. Additionally, if surgery is required, the employee should be appropriately directed without the need of pain management.

Niemisto et al. (*Spine*, 2003) performed a prospective randomized controlled trial to examine the effectiveness of combined manipulative treatment, stabilizing exercises, and physician consultation compared with physician consultation alone for chronic low back pain. The authors concluded that the "manipulative treatment with stabilizing exercises was more effective in reducing pain intensity and disability than the physician consultation alone." The present study showed that short, specific treatment programs with proper patient information may alter the course of chronic low back pain.

Von Korff et al. (*Pain*, 2005) evaluated an intervention for chronic back pain patients in primary care and physical therapy settings. The intervention incorporated fear reducing and activating techniques. The authors concluded that an "intervention integrating fear reducing and activating techniques into care for chronic back pain patients produced sustained reductions in employees fears, common activity limitations related to back pain, and days missed from usual activities due to back pain". Pain management consultation is therefore not medically necessary unless conservative therapy in the primary care setting is not beneficial. **The request for ongoing care with pain management is not 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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