
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/25/2013
Date of Injury: 12/03/2007
IMR Application Received: 08/09/2013
MAXIMUS Case Number: CM13-0009520

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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]
- [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:

The patient is a 57 year-old male who has history of chronic neck pain. The request for cervical/aquatic therapy 1-2 x per week for 4 weeks, urine drug screen and follow up pain management visit were denied. The reasons were that the physical exam documented on 7/1/13 was unremarkable except for pain in the cervical spine. There was spinal vertebral tenderness noted from C4-7. There was cervical paraspinal muscle spasm noted on palpation. There was decreased sensation to touch in the left upper extremity along the C7 dermatome. There was a straight leg raise positive on the left. Additionally it is unclear how much PT has been completed to date. The urine drug screen was denied because there was no documentation of when a prior test was performed and how a new test would be beneficial to prior testing. Additionally it is unclear why a follow up pain management office visit is necessary.

IMR DECISION(S) AND RATIONALE(S)

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

1. The cervical aquatic/pool therapy 1-2 times a week for 4 weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Guidelines, Physical Therapy for Chronic Pain and Uring Drug Testing, which is part of the MTUS and the Official Disability Guidelines (ODG), Office Visits, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, 9792.20 – 9792.26, pg. 99, which is part of the MTUS, and Official Disability Guidelines (ODG), Pain Section: Physical Therapy, which is not part of the MTUS.

The Physician Reviewer's decision rationale: According to the Physical Medicine Guidelines – (MTUS) it allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The ODG Physical Therapy Guidelines allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Based on the medical records provided for review It is unclear from documentation of what type and how much PT the employee has received in the past. **The request for cervical aquatic/pool therapy 1-2 times a week for 4 weeks is not medically necessary and appropriate.**

2. The urine drug screen testing is medically necessary and appropriate.

The Claims Administrator based its decision on the The Claims Administrator based its decision on the Chronic Pain Guidelines, Physical Therapy for Chronic Pain and Uring Drug Testing, which is part of the MTUS and the Official Disability Guidelines (ODG), Office Visits, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, 9792.20 – 9792.26, pg. 43, which is part of the MTUS and Official Disability Guidelines (ODG), Chronic Pain, Urine Drug Testing, which is not part of the MTUS.

The Physician Reviewer's decision rationale: Per the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines urine drug testing is recommended to monitor compliance with prescribed medications and uncover diversion of prescribed substances. Based on the medical records provided for review this employee is on chronic opioids and it is medically appropriate to do random urine drug testing. **The urine drug screen testing is medically necessary and appropriate.**

3. A follow-up pain management office visit is medically necessary and appropriate.

The Claims Administrator based its decision on the The Claims Administrator based its decision on the Chronic Pain Guidelines, Physical Therapy for Chronic Pain and Uring Drug Testing, which is part of the MTUS and the Official Disability Guidelines (ODG), Office Visits, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, 9792.20 – 9792.26, pg. 89, which is part of MTUS and Official Disability Guidelines (ODG), Pain Section, General Treatment Management, which is not part of MTUS.

The Physician Reviewer's decision rationale: Per the MTUS guidelines and Official Disability Guidelines (ODG) General Treatment Management it is medically appropriate to provide routine appointments to patients being treated for chronic pain. MTUS states "This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months." Based on the medical records provided for review the employee is on narcotics and other medications which need to be monitored. The employee has a 30 day supply of medications. It would be appropriate to follow up in 30 days for a refill if deemed appropriate of these medications. **The request for a follow-up pain management office visit is medically necessary and appropriate.**

/jd

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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