

Independent Medical Review Final Determination Letter

2492

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0021867	Date of Injury:	01/25/2001
Claims Number:	[REDACTED]	UR Denial Date:	08/20/2013
Priority:	STANDARD	Application Received:	09/09/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

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]
[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 Interventional Spine, 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:

The patient is reported to have had a spinal surgical consultation with Dr [REDACTED] back on 6/20/11. The 6/20/11 report was not available to review, but Dr [REDACTED] on his 9/16/13 report states that Dr [REDACTED] diagnosed degenerative lumbar scoliosis and recommended facet injections and possible RFA and did not recommend lumbar surgery at that time. On the 9/16/13 and 8/6/13 reports, it was documented that the prior epidural injections back in January 2012 only reduced the leg symptoms for 1-week before the symptoms returned. Dr [REDACTED] notes the patient has been having good relief with the Voltaren gel and it did allow him to increase his activities with the shoulder and reduce his pain. The RFA is for Voltaren 1% with 3 refills, 1 lumbar epidural injection, and 1 consult for possible spinal fusion.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 prescription of Voltaren 1% with 3 refills between 8/6/2013 and 12/10/2013 is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Topical NSAIDs, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

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The MTUS guidelines state topical NSAIDs are indicated for osteoarthritis or tendinitis, in the knee, elbows or other joints that are amenable to topical treatment. The sternoclavicular joint, is superficial and appears to be amenable to topical treatment. Dr [REDACTED] notes the patient has been having good relief with the Voltaren gel and it did allow him to increase his activities with the shoulder and reduce his pain. The request appears to be in accordance with MTUS guidelines. **The request for 1 prescription of Voltaren 1% with 3 refills between 8/6/2013 and 12/10/2013 is medically necessary and appropriate.**

2. 1 lumbar epidural injection between 8/6/2013 and 12/11/2013 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, page 46, which is part of the MTUS.

The Physician Reviewer's decision rationale:

On the 9/16/13 and 8/6/13 reports, it was documented that the prior epidural injections back in January 2012 only reduced the leg symptoms for 1-week before the symptoms returned. MTUS states "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks" The request for a lumbar ESI is not in accordance with MTUS criteria. **The request for 1 lumbar epidural injection between 8/6/2013 and 12/11/2013 is not medically necessary and appropriate.**

3. 1 consultation for possible spinal fusion between 8/6/2013 and 10/11/2013 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Spinal Fusion, page 307, which is part of the MTUS, and the ACOEM Practice Guidelines, 2nd Edition, 2004, Consultations, page 127, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The patient is reported to have had a spinal surgical consultation with Dr [REDACTED] back on 6/20/11. The 6/20/11 report was not available to review, but Dr [REDACTED] on his 9/16/13 report states that Dr [REDACTED] diagnosed degenerative lumbar scoliosis and recommended facet injections and possible RFA and did not recommend lumbar surgery at that time. It is now two years later, and the patient did have the facet injections and RFA and continues to experience back pain. Dr [REDACTED] wanted to have Dr [REDACTED] opinion on a possible fusion. ACOEM states patients with increased spinal instability after a surgical decompression, at the level of degenerative spondylolisthesis may be candidates for fusion. ACOEM state: "there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on" There are no MR scans or radiographic reports available that verifies the patient has any of these conditions. The patient does not meet the MTUS/

ACOEM criteria for a spinal fusion, so repeating the referral to the surgeon who has already evaluated the patient does not seem to be indicated. **The request for 1 consultation for possible spinal fusion between 8/6/2013 and 10/11/2013 is not medically necessary and appropriate.**

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.

[REDACTED]

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