
Independent Medical Review Final Determination Letter

2614

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

Dated: 1/17/2014

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| IMR Case Number: | CM13-0022249 | Date of Injury: | 08/25/2008 |
| Claims Number: | [REDACTED] | UR Denial Date: | 08/22/2013 |
| Priority: | STANDARD | Application Received: | 09/09/2013 |
| Employee Name: | [REDACTED] | | |
| Provider Name: | [REDACTED] | | |
| Treatment(s) in Dispute Listed on IMR Application: | | | |
| 1) EVALUATION BY SPINE SURGEON ; 2) RELAFEN 500MG 3) TIZANIDINE 4MG; 4) PRILOSEC 20MG; 5)CBC; 6) COMPREHENSIVE METABOLIC PROFILE | | | |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 a 57-year-old female who reported an injury on April 3, 2010. The patient is currently diagnosed with lumbar spine strain, status post rhizotomy at L4-5 and L5-S1, and possible discogenic pain at L4-5 and L5-S1. The patient was recently seen by Dr. [REDACTED] on June 13, 2013. The patient complained of right-sided lower back pain. Physical examination revealed decreased range of motion, tenderness to palpation over the L3-S1 facet area on the right, positive facet loading maneuver and negative straight leg raising. Treatment recommendations included continuation of current medications. It was stated that the patient has been taking multiple medications for a long period of time, and in order to ensure no end organ damage has occurred, a request for a complete blood count (CBC) and comprehensive metabolic profile was submitted.

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 Prilosec 20mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 68.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 68-69.

The Physician Reviewer's decision rationale:

The California MTUS Guidelines state a proton pump inhibitor is recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted, there is no indication that this patient is at high or intermediate risk for gastrointestinal events. There is no mention of gastrointestinal complaints. Therefore, the patient does not currently meet criteria for the use of a proton pump inhibitor. As such, the request is non-certified.

2. The request for a Complete Blood Count (CBC) is not medically necessary and appropriate.

No guidelines were cited by the Claims Administrator.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Lab Testing.

The Physician Reviewer's decision rationale:

The ODG state a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. As per the clinical notes submitted, there is no documentation of positive medical history or comorbidities. There is no evidence of an increased risk of anemia to warrant the need for a CBC. Based on the clinical information received, the patient does not currently meet criteria for the requested service. As such, the request is non-certified.

3. The request for a Comprehensive Metabolic Profile is not medically necessary and appropriate.

No guidelines were cited by the Claims Administrator.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Lab Testing.

The Physician Reviewer's decision rationale:

The ODG state electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. As per the clinical notes submitted, the patient's current medications include Relafen, Tizanidine, and Prilosec. Documentation of an underlying chronic disease was not provided. Additionally, evidence of regular annual checkups with a primary care physician to include physical examination with laboratory studies was not provided. Based on the clinical information received and the Official Disability Guidelines, the request 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.

[REDACTED]

CM13-0022249