

MAXIMUS FEDERAL SERVICES, INC.

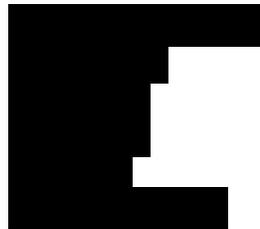
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



**Revised Notice of Independent Medical Review Determination
Revisions of Language, not of Decisions**

6/21/2013

MAXIMUS Federal Services, Inc. issued a final determination notice for the case number listed below on June 4, 2013. The language of the rationale was changed and a final determination letter was re-issued again on June 14, 2013. The decisions of the June 4, 2013 and the re-issued June 14, 2013 determination notice has not changed; however, an audit found that the language of the rationale for the decision on June 4, 2013 which was changed and re-issued on June 14, 2013 should be changed and re-issued for a third time. The purpose of the changes, which are at the request of the Department of Workers Compensation, are so that the language of the rationale can be more clear. As such, the June 4, 2013 and the June 14, 2013 determination notices shall be disregarded. This revised determination notice supersedes any earlier determination(s) for this case and shall be deemed the final determination of the Administrative Director, Division of Workers' Compensation.



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**Revised Notice of Independent Medical Review Determination
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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the 1 psychiatric consultation requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the 1 sleep consultation requested **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the 1 internal medicine consultation requested **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the 1 dental consultation requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/5/2013 disputing the Utilization Review Denial dated 3/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/25/2013. 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 1 psychiatric consultation requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the 1 sleep consultation requested **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the 1 internal medicine consultation requested **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the 1 dental consultation requested **is not medically necessary and appropriate.**

Medical Qualifications of the Professional 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 Internal Medicine 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 professional 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the Doctor's First Report of Occupational Injury or Illness dated March 21, 2013.

"The patient sustained an injury due to repetitive gripping, grasping, squeezing, lifting, carrying, pushing, pulling, prolonged standing, bending, stooping while performing chiropractic manipulative rehabilitative therapy.

"SUBJECTIVE COMPLAINTS

1. Neck pain radiating to the bilateral upper extremities.
2. Back pain radiating to the bilateral lower extremities.
3. Bilateral shoulder, elbow, forearm, wrist, hand, knee, ankle and foot pain.
4. Left hip pain.
5. Left jaw pain secondary to clenching and grinding of teeth due to chronic pain and disability.
6. Anxiety, stress and depression secondary to chronic pain and disability.
7. Difficulty initiating sleep. The patient sleeps for only three to four hours per night, during which time he wakes frequently due to his chronic pain and disability resulting in daytime drowsiness and decreased alertness.
8. Chronic headaches.

9. Gastrointestinal upset secondary to medication usage for chronic pain and disability.

“DIAGNOSIS

1. Cervical/trapezial musculoligamentous sprain/strain with slight to moderate decrease in disc height at C5-C6 and C6-C7 with anterior spurring, per x-rays dated March 6, 2013.
2. Thoracolumbar musculoligamentous sprain/strain with Grade 1 spondylolyses of L3 on L4 with nine-millimeter translation with extension view, with slight to moderate multilevel degenerative changes, per x-rays dated March 6, 2013.
3. Bilateral forearm/wrist flexor and extensor tendinitis with carpal tunnel syndrome and right long and ring trigger finger, with minimal first carpometacarpal degenerative joint disease, per x-rays dated March 6, 2013; with history of non-industrial bone chip extension, right dorsal wrist.
4. Bilateral elbow lateral epicondylitis.
5. Bilateral shoulder impingement/periscapular strain, right side greater than left; with history of surgical intervention performed on the right approximately 12 years ago and left approximately 8 years ago by Dr. [REDACTED] with bilateral distal clavicle excisions, per x-rays dated March 6, 2013.
6. Left hip greater trochanteric bursitis with minimal degenerative changes, per x-rays dated March 6, 2013.
7. Bilateral knee internal derangement with patellofemoral arthralgia, with history of left knee surgery x2, 1980 and 1985; with slight degenerative changes with calcification noted at the medial and lateral joint spaces, per x-rays dated March 6, 2013.
8. Bilateral ankle chronic sprain.
9. Bilateral foot plantar fasciitis.
10. Emotional complaints, deferred to consulting treating psychiatrist.
11. Insomnia, deferred to consulting treating sleep specialist.
12. Chronic headaches, deferred to consulting treating neurologist.
13. Gastrointestinal upset, deferred to consulting treating internal medicine specialist.
14. Left temporomandibular joint pain, deferred to consulting treating dental specialist.”

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 for Independent Medical Review
- Utilization Review by [REDACTED] (dated 3/28/13)
- Doctor’s First Report of Occupational Injury or Illness (dated 3/21/13)
- Primary Treating Physician’s Progress Report (dated 4/17/13)
- Employee’s Medical Report signed by [REDACTED] M.D. (dated 9/4/12)

1) Regarding the request for 1 psychiatric consultation:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator did not include a specific guideline citation in the utilization review denial. Instead, the utilization review denial stated that “evidence based treatment guidelines” were relied upon. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guideline reference(s) used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee’s medical report by Dr. [REDACTED] showed the employee has a history of depression and mood change. This report is dated 9/4/2012, which is before the date of injury.

Per the evidence based treatment guidelines used by the Claims Administrator, a referral for psychiatric consultation is recommended if symptoms persist beyond three months if conservative care interventions are not providing relief. The medical records received do not show that there was a trial and failure of conservative treatment for this employee. The 1 psychiatric consultation requested is not medically necessary and appropriate.

2) Regarding the request for 1 sleep consultation:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009) – Pain Section; Polysomnography Subsection and the American Medical Association Guidelines, 5th Edition – Polysomnography Section (Pages 3-17). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guideline(s) used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The medical records received show the employee is suffering from insomnia with difficulty initiating sleep due to his disability.

The guidelines referenced above show sleep studies are recommended after at least six months of an insomnia complaint, unresponsive to behavior intervention and sedative/sleep-promoting medications, and a psychiatric etiology has been excluded. The medical records received do not show that this criteria has been met by this employee. The requested 1 sleep consultation is not medically necessary and appropriate.

3) Regarding the request for 1 internal medicine consultation:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline. The utilization review denial indicated that a search of the California Medical Treatment Utilization Schedule (MTUS), Official Disability Guidelines (ODG), and National Guideline

Clearinghouse (NGC) failed to reveal any guidelines or scientific evidence to support the requested consultation. The provider did not indicate any guidelines used. Absent referenced guidelines from the Claims Administrator and provider, the Professional Reviewer based his/her decision on clinical experience.

Rationale for the Decision:

The medical records received show the employee has been taking pain medications for chronic pain (Voltran 75 milligrams; one pill twice daily) which has been shown to lead to gastrointestinal (GI) upset.

Under the circumstances presented in the medical records, the employee is experiencing GI upset due to medication use. There is not enough evidence in the medical records received to support a referral to an Internal Medicine Consultant for this issue. The medical records received show signs and symptoms are caused directly by the employee's medication use. The 1 internal medicine consultation is not medically necessary and appropriate.

4) Regarding the request for 1 dental consultation:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator did not cite a guideline. The utilization review denial indicated that a search of the California Medical Treatment Utilization Schedule (MTUS), Official Disability Guidelines (ODG), and National Guideline Clearinghouse (NGC) failed to reveal any guidelines or scientific evidence to support the requested consultation. The provider did not indicate any guidelines used. Absent referenced guidelines from the Claims Administrator and provider, the Professional Reviewer based his/her decision on clinical experience.

Rationale for the Decision:

The medical records received show the employee is experiencing left temporomandibular joint and muscle (TMJ) pain due to clenching/grinding of teeth secondary to chronic pain and disability.

The medical records received show there is subjective pain in the employee's left jaw region. There are no other signs or symptoms of TMJ related problems (such as tenderness in the area or difficulty chewing/opening the mouth). There is not enough evidence to support the referral to a dental consultant for the current diagnosis. The 1 dental consultation requested 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,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

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.