

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested chiropractic treatment three times a week for two weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested flexeril, and lidoderm patches 5% #15 **are not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested Iodine **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/16/2013 disputing the Utilization Review Denial dated 4/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/16/2013. 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 requested chiropractic treatments three times a week for two weeks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested flexeril, and lidoderm patches 5% #15 **are not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested Iodine **is 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 Physical Medicine and Rehabilitation, 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 utilization review denial/modification dated April 19, 2013.

"██████████ is a 58 year old (DOB: ██████████) male worker that was directing traffic and was hit by a car fell on the ground rolled over on the right shoulder while at work on 2/15/13 injuring his R Upper arm (clavicle and scapula). He is currently on full duty. The Contusion RI Upper arm (clavicle and scapula) has been accepted by the carrier.

3/29/13 f/u with ██████████ MD. Handwritten report. PR2. Pain Right shoulder, right side of neck unchanged. Objective: PE TIP. Right para cervical, Right trapezius. Diagnosis: Contusion Right shoulder, Cervical strain. Plan: Continue Lodine and Flexeril. Rxd (dispensed) Liboderm Patches 5% #15; Cont Chiropractic treatment 3X2; Mod work: No use of RUE, must wear sling for RUE (same as prior since 2/18/13)."

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 ██████████ (dated 4/19/13)
- Employee's Medical Records by ██████████ (dated 2/15/13 thru 5/2/13)

- Employee's Medical Record by [REDACTED] (dated 5/1/13)
- Employee's Medical Record by [REDACTED] (dated 2/15/13)
- American College of Occupational and Environmental medicine (ACOEM), 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints pg 173, 181-183
- Official Disability Guidelines (ODG), 11th Edition 2013, Neck Chapter
- Medical Treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain, Muscle Relaxants (for pain) pg 63

1) Regarding the request for chiropractic treatments three times a week for two weeks:

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental medicine (ACOEM), 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints pg 173, 181-183, and Official Disability Guidelines (ODG), 11th Edition 2013, Neck Chapter. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 2/15/13 the employee fell while at work and injured his right upper shoulder. The employee has persistent right shoulder and neck pain with no evidence of localized neuropathic peripheral pain. ACOEM guidelines recommend physical manipulation for neck pain early in care only. Therefore, the request for chiropractic treatments three times a week for two weeks is not medically necessary and appropriate.

2) Regarding the request for flexeril, and lidoderm patches 5% #15:

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Neck and Upper Back Muscle Relaxants, and Medical Treatment Utilization Schedule (MTUS) Chronic Pain pg 63. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance. The Professional Reviewer also found relevant and appropriate the Medical Treatment Utilization Schedule (MTUS) guidelines Chronic Pain, Topical Analgesics (for pain) pg 112, and Medical Treatment Utilization Schedule (MTUS) Guidelines Chronic pain NSAIDS (for pain) pg 71.

Rationale for the Decision:

On 2/15/13 the employee fell while at work and injured his right upper shoulder. The employee has persistent right shoulder and neck pain with no evidence of localized neuropathic peripheral pain to support the use of lidoderm patch.

Previous use of flexeril in this employee did not provide any functional improvement. Therefore, the request for flexeril, and lidoderm patches 5% #15 are not medically necessary and appropriate.

3) Regarding the request for Iodine:

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Neck and Upper Back Muscle Relaxants, and Medical Treatment Utilization Schedule (MTUS) Chronic Pain pg 63. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance. The Professional Reviewer also found relevant and appropriate the Medical Treatment Utilization Schedule (MTUS) guidelines Chronic Pain, Topical Analgesics (for pain) pg 112, and Medical Treatment Utilization Schedule (MTUS) Guidelines Chronic pain NSAIDS (for pain) pg 71.

Rationale for the Decision:

On 2/15/13 the employee fell while at work and injured his right upper shoulder. The employee has persistent right shoulder and neck pain with no evidence of localized neuropathic peripheral pain. The MTUS supports the use of Iodine at the maximum dose of 500mg BID. Therefore, the request for Iodine is 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

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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.