

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 6/7/2013
Date of Injury: 1/7/2013
IMR Application Received: 6/18/2013
MAXIMUS Case Number: CM13-0000746

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: OVERTURN. This means we decided that 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 Neurology, has a subspecialty in neuro-oncology and is licensed to practice in New York. 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 58 year old female was injured while at work on 1/17/2013. The patient with severe lumbar spine muscle spasms that frequently wake her up in the middle of the night. She does report relief from Soma (tried flexeril which did not help her). MRI of the lumbar spine, shows degenerative changed with disk buldge at L4-L5. (off note, she is status post fusion of L5-S1). The patient also received physical therapy to alleviate the muscle spasms, without much improvement. The pain is rated 9/10 and she has documented paraspinal muscle spasms on the exam (left>right). She has a monthly medical follow up for medication adjustments and close monitoring. It appears that she has been prescribed Soma since May of 2013 (in April she was prescribed flexeril). She takes soma three times a day.

IMR DECISION(S) AND RATIONALE(S)

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

1. Error! Reference source not found. is medically necessary and appropriate.

The Claims Administrator based its decision on the The CA Medical Treatment Utilization Schedule, 2009, The Chronic Pain Guidelines (page 29, Carlsoprodol); page 64, Antispasmodics, which is part of MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), (page 63), which is part of MTUS.

The Physician Reviewer's decision rationale:

The MTUS guidelines state that Soma is not indicated for a long term use. The medical records reviewed indicate the employee has only been on Soma since May 2013. At this point decreasing the frequency of the medication to prevent addiction and/or central side effects may be considered, but stopping Soma abruptly could have detrimental effects.

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]
[REDACTED]
[REDACTED]

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