MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 5/23/2013

1) MAXIMUS Federal Services, Inc. has determined the chiropractic visits (2 times a week for 6 weeks) requested **are not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the Vicodin (5/500 mgs) requested **is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the Zanaflex requested **is medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of lumbar spine requested **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/18/2013 disputing the Utilization Review Denial dated 3/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/30/2013. 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 chiropractic visits (2 times a week for 6 weeks) requested **are not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the Vicodin (5/500 mgs) requested **is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the Zanaflex requested **is medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of lumbar spine requested **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, has a subspecialty in Pain 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 requesting provider's orthopedic evaluation dated February 12, 2013.

"[redacted] is a 33-year-old, right-hand-dominant female who sustained industrial injuries to her lower back, neck, the right shoulder and the right knee on January 8, 2013, while working as a laborer / carrot packer. The patient states that as she was walking down the stairs while at work she slipped landing on her right knee on the metal stairs. The patient immediately experienced a sharp pain to her right knee, her lower back, her neck, and her right shoulder. She was assisted to get up from the ground by a co-worker who witnessed her fall. She reported the injury to her supervisor and was sent to an industrial clinic.

"On January 8, 2013, the patient was seen at an industrial clinic wherein she was examined, she was given a back support belt and a walker boot. She was prescribed pain medication and she was asked to come back the next day for x-rays.

"On January 9, 2013, the patient returned to the industrial clinic wherein she was examined and x-rays of the right knee were taken and she was sent back to work on modified duty.

"She returned to work but her employer could not accommodate her with those restrictions.

"She returned to the industrial clinic wherein she was examined and prescribed physical therapy at sessions of three times per week with no benefit. After two sessions of physical therapy she was not called back for treatment."

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 Report and Determination by [redacted] (dated 3/1/13)
- Utilization Review Referral by [redacted] (dated 2/19/13)
- Notice of Denial of Workers' Compensation Benefits by [redacted] (dated 3/14/13)
- Primary Treating Physician's Progress Reports by [redacted] M.D. (dated 1/17/13 and 1/24/13)
- Secondary Treating Physician's Progress Report by [redacted] D.C. (dated 4/3/13)
- Employee's Medical Record from [redacted] (dated 1/8/13)
- Employee's Medical Records from [redacted] M.D. (dated 2/12/13 through 5/7/13)

1) **Regarding the request for chiropractic visits (2 times a week for 6 weeks):**

<u>Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision</u>
The Claims Administrator's utilization review denial did not indicate what guideline(s) were used. The denial was based on an absence of documentation and was not based on issues of medical necessity. The provider did not indicate what guideline(s) he/she relied upon. The Professional Reviewer relied upon the Chronic Pain Medical Treatment Guidelines (Manual Therapy & Manipulation, Pages 58-60) section of the MTUS, as it is relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
There is documentation of low back pain that is industrially related. The employee's mechanism of injury occurred on 1/8/2013 in the context of her job as a carrot packer in which she slipped down and landed on her right knee. The Chronic Pain Medical Treatment Guidelines (Manual Therapy & Manipulation, Pages 58-60) section of the MTUS does allow for a trial of chiropractor therapy for 4-6 visits, but the current request is in excess of the guidelines. A trial must first be requested before additional visits can be certified if the trial results in functional improvement and pain reduction. Since the independent medical review process does not allow for modification of request, this request for chiropractic visits (2 times a week for 6 weeks) is not medically necessary and appropriate.

2) Regarding the request for Vicodin (5/500 mgs):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision
The Claims Administrator's utilization review denial did not indicate what guideline(s) were used. The denial was based on an absence of documentation and was not based on issues of medical necessity. The provider did not indicate what guideline(s) he/she relied upon. The Professional Reviewer relied upon the Chronic Pain Medical Treatment Guidelines (Opioids, Pages 74-96) section of the MTUS as it is relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
This employee has tried other conservative measures that have been unsuccessful prior to initiation of opiates. There is documentation indicating that the employee was tried on an anti-inflammatory (Relafen), muscle relaxant medication (Flexeril), and had been sent to physical therapy. The information was gathered from a noted dated 1/17/13 by Dr. [redacted] Given the continued pain, opioid initiation for short-term use is appropriate per the MTUS. The request for Vicodin (5/500 mgs) is medically necessary and appropriate.

3) Regarding the request for Zanaflex:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision
The Claims Administrator's utilization review denial did not indicate what guideline(s) were used. The denial was based on an absence of documentation and was not based on issues of medical necessity. The provider did not indicate what guideline(s) he/she relied upon. The Professional Reviewer relied upon the Chronic Pain Medical Treatment Guidelines (Tizanidine/Zanaflez, Page 66) section of the MTUS as it is relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
Zanaflex is recommended as a treatment option for lumbar strains by the MTUS. It has evidence based studies to support its use for treatment of low back pain. This employee has subjective and objective findings consistent with low back pain. The Zanaflex is medically necessary and appropriate.

4) **Regarding the request for magnetic resonance imaging (MRI) of lumbar spine:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision
The Claims Administrator's utilization review denial did not indicate what guideline(s) were used. The denial was based on an absence of documentation and was not based on issues of medical necessity. The provider did not indicate what guideline(s) he/she relied upon. The Professional Reviewer relied upon the Official Disability Guidelines (2009) (Low Back Chapter, MRIs Section), of the MTUS as it is relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
This employee's injury occurred on 1/8/2013. Approximately one month had elapsed when the request for lumbar spine MRI was sent. The lumbar spine appears to be a covered claim as the notice to the worker of non-acceptable claims does not include the lumbar spine. There is documentation of radiculopathy despite conservative management. The employee has a positive straight leg raise on exam on 2/12/2013. There is mention in the "diagnosis" section of this note that there is suspicion for lumbar radiculopathy along with the lumbosacral sprain. Per the guidelines, the MRI of lumbar spine 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

/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.