

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/9/2013
Date of Injury:	6/14/2010
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011016

- 1) **MAXIMUS Federal Services, Inc. has determined the request for a psychologist consultation is not medically necessary and appropriate.**
- 2) **MAXIMUS Federal Services, Inc. has determined the request for a internal medicine consultation is not medically necessary and appropriate.**
- 3) **MAXIMUS Federal Services, Inc. has determined the request for a spine surgeon consultation is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. 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 request for a psychologist consultation is not medically necessary and appropriate.**
- 2) **MAXIMUS Federal Services, Inc. has determined the request for a internal medicine consultation is not medically necessary and appropriate.**
- 3) **MAXIMUS Federal Services, Inc. has determined the request for a spine surgeon consultation is not medically necessary and appropriate.**

Medical Qualifications of the Expert 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 Expert 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.

Expert Reviewer Case Summary:

The claimant sustained an industrial injury to the right knee on 03/26/2010 when a light bulb fell on him causing him to fall. His diagnoses include cervical and lumbar sprain/strain, left shoulder rotator cuff tear with impingement, depression, carpal tunnel syndrome, knee derangement, cervicothoracic strain/arthrosis with C5-6 disc protrusion with neural foraminal stenosis and resultant cephalgia, lumbosacral strain/arthrosis, right ankle sprain/strain, sleep disturbance; psychiatric complaints, hypertension, and GI complaints. The treating provider has requested a psychology consultation, internal medicine consultation and a spine surgery consultation.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a psychologist consultation:

The Medical Treatment Guidelines Relied Upon by the Expert 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), Specialty Consultations, pgs. 92 & 127, which are part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Medscape Internal Medicine : Treatment of Chronic Pain 2012.

Rationale for the Decision:

There is no documentation provided necessitating the requested psychology consultation. There is no documentation of a physical examination with a mental status evaluation or any documented objective findings consistent with depression. There is no demonstrated psychiatric industrial injury. The request has been made by an orthopedic surgeon without any objective evidence to support medical necessity. The employee is over three years status post date of injury for which there is documented psychological issues or any accepted psychiatric conditions for this industrial claim. **The request for a psychologist consultation is not medically necessary and appropriate.**

2) Regarding the request for an internal medicine consultation:

The Medical Treatment Guidelines Relied Upon by the Expert 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), Specialty Consultations, pgs. 92 & 127, which are part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Medscape Internal Medicine : Treatment of Chronic Pain 2012.

Rationale for the Decision:

There is no documentation provided necessitating an internal medicine consultation. There are no objective findings on physical examination in relation to the industrial injury other than the employee complaining of dizziness and palpitations. There was no provided evidence to support an aggravation or exacerbation of the underlying medical issues of the patient that are described as comorbid medical issues. There was no provided rationale or nexus to the cited mechanism of injury. **The request for an internal medicine consultation is not medically necessary and appropriate.**

3) Regarding the request for a spine surgeon consultation:

The Medical Treatment Guidelines Relied Upon by the Expert 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), Specialty Consultations, pgs. 92 & 127, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 305-310, which are part of the MTUS.

Rationale for the Decision:

There is no documented surgical lesion, the employee has diagnoses of strain and degenerative disc disease consistent with age. Per Chronic Pain Medical Treatment Guidelines there are no documented severe or disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, and no clear clinical, imaging, and electrophysiological evidence that has shown to benefit in both the short and long term from surgical repair. There are no neurological deficits along a dermatomal distribution in the cervical or lumbar spine. There is no cervical or lumbar spine instability. **The request for a spine surgeon consultation 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,

Paul Manchester, MD, MPH
Medical Director

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

/ldh

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.