
Notice of Independent Medical Review Determination

Dated: 9/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 12/29/2011
IMR Application Received: 7/10/2013
MAXIMUS Case Number: CM13-0001127

- 1) MAXIMUS Federal Services, Inc. has determined the request for 12 visits physiotherapy/chiropractic **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for urinalysis **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Lab -CBC **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Lab-Hepatic Panel **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Lab-Arthritis Panel **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Lab-Chem 8 Panel **is medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Lab-CPK **is medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Lab-CRP **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/10/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/12/2013. 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 12 visits physiotherapy/chiropractic **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for urinalysis **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Lab -CBC **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Lab-Hepatic Panel **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Lab-Arthritis Panel **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for Lab-Chem 8 Panel **is medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for Lab-CPK **is medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for Lab-CRP **is 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 Neurology, 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013

“The patient is a 50 year-old male. The date of injury was December 29, 2011. The mechanism of injury is not noted. The accepted injury is to the upper back and fingers of the left hand. The current diagnoses are: Thoracic disc bulges; bilateral carpal tunnel

syndrome; ulnar neuropathy; bilateral upper extremity paresthesias. Treatment has included: Diagnostics; medications."

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 (dated 7/10/2013)
- Utilization Review from [REDACTED] (dated 7/1/2013)
- Medical Records from [REDACTED] (dated 6/15/12)
- Medical Records from [REDACTED] MD (dated 8/6/12)
- Medical Records from [REDACTED], MD (dated 8/14/12-6/20/13)
- Medical Records from [REDACTED] (dated 9/27/12- 2/14/13)
- Medical Records from [REDACTED] (dated 9/27/12)
- Medical Records from [REDACTED] (dated 11/28/12)
- Chronic Pain Medical Treatment Guidelines (May 2009), Part 2, Pain Interventions and Treatments pgs 48;58-60;98-99
- Chronic Pain Medical Treatment Guidelines (May 2009), Part 1, pg 33

1) Regarding the request for 12 visits physiotherapy/chiropractic:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), Part 2, Pain Interventions and Treatments, pg. 48, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury to the upper back and fingers of the left hand on 12/29/11. Medical records provided for review indicate treatment has included EMG/NCV of the upper extremities, MRI of the thoracic and lumbar spine, physical therapy/chiropractic treatments, and oral medications. Diagnoses include thoracic disc bulges, bilateral carpal tunnel syndrome, ulnar neuropathy, and bilateral upper extremity paresthesias. The request is for twelve (12) visits for physiotherapy/chiropractic treatment.

MTUS Chronic Pain guidelines indicate continuation of chiropractic or physical therapy treatments are contingent upon documentation of function improvement/benefit. The medical records reviewed do not document any functional improvement/benefit for the completed chiropractic/physiotherapy visits. The request for twelve (12) visits of physiotherapy/chiropractic treatment **is not medically necessary and appropriate.**

2) Regarding the request for urinalysis:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), Part 2, Pain Interventions and Treatments pg. 43, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury to the upper back and fingers of the left hand on 12/29/11. Medical records provided for review indicate treatment has included EMG/NCV of the upper extremities, MRI of the thoracic and lumbar spine, physical therapy/chiropractic treatments, and oral medications. Diagnoses include thoracic disc bulges, bilateral carpal tunnel syndrome, ulnar neuropathy, and bilateral upper extremity paresthesias. The request is for urinalysis.

MTUS Chronic Pain guidelines indicate the use of drug screening to assess for the presence of illicit drugs and monitor adherence to prescribed medications. The medical records reviewed indicate the employee has been prescribed an NSAID and an opiate for chronic pain, and monitoring would be indicated no more than to two times a year without documentation of other risk factors. The records reviewed indicate the only previous urinalysis this year was on 2/14/13. The request for urinalysis **is medically necessary and appropriate.**

3) Regarding the request for Lab-CBC :

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), Part 2, Pain Interventions and Treatment, pg. 23, 64, 70, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury to the upper back and fingers of the left hand on 12/29/11. Medical records provided for review indicate treatment has included EMG/NCV of the upper extremities, MRI of the thoracic and lumbar spine, physical therapy/chiropractic treatments, and oral medications. Diagnoses include thoracic disc bulges, bilateral carpal tunnel syndrome, ulnar neuropathy, and bilateral upper extremity paresthesias. The request is for lab-CBC.

MTUS Chronic Pain guidelines indicate periodic lab monitoring for those who are prescribed NSAIDs, including CBC and chemistry panel. The medical record of 5/9/13 documents a refill of Ibuprofen (an NSAID). The request for a lab-CBC test **is medically necessary and appropriate.**

4) Regarding the request for Lab-Hepatic Panel :

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), Part 2, Pain Interventions and Treatments, pg 23, 64, 70, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury to the upper back and fingers of the left hand on 12/29/11. Medical records provided for review indicate treatment has included EMG/NCV of the upper extremities, MRI of the thoracic and lumbar spine, physical therapy/chiropractic treatments, and oral medications. Diagnoses include thoracic disc bulges, bilateral carpal tunnel syndrome, ulnar neuropathy, and bilateral upper extremity paresthesias. The request is for lab-hepatic panel.

MTUS Chronic Pain guidelines indicate periodic lab monitoring for those who are prescribed NSAIDs, including CBC and chemistry panel. The medical record of 5/9/13 documents a refill of Ibuprofen (an NSAID). The request for a lab-hepatic panel **is medically necessary and appropriate.**

5) Regarding the request for Lab-Arthritis Panel:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury to the upper back and fingers of the left hand on 12/29/11. Medical records provided for review indicate treatment has included EMG/NCV of the upper extremities, MRI of the thoracic and lumbar spine, physical therapy/chiropractic treatments, and oral medications. Diagnoses include thoracic disc bulges, bilateral carpal tunnel syndrome, ulnar neuropathy, and bilateral upper extremity paresthesias. The request is for a lab-arthritis panel.

MTUS Chronic Pain guidelines recommend screening for possible underlying medical conditions that may interfere with recovery from an industrial injury. The medical records reviewed indicate the injury occurred in 2011, and the employee continues to experience pain. Per the guidelines, it is relevant to screen for

underlying medical disorders which may be contributing to the chronic pain. The request for a lab-arthritis panel **is medically necessary and appropriate.**

6) Regarding the request for Lab-Chem 8 Panel:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009) pgs 23 & 64, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury to the upper back and fingers of the left hand on 12/29/11. Medical records provided for review indicate treatment has included EMG/NCV of the upper extremities, MRI of the thoracic and lumbar spine, physical therapy/chiropractic treatments, and oral medications. Diagnoses include thoracic disc bulges, bilateral carpal tunnel syndrome, ulnar neuropathy, and bilateral upper extremity paresthesias. The request is for a lab-chem 8 panel.

MTUS Chronic Pain guidelines indicate periodic lab monitoring for those who are prescribed NSAIDs, including CBC and chemistry panel. The medical record of 5/9/13 documents a refill of Ibuprofen (an NSAID). The request for a lab-chem 8 panel **is medically necessary and appropriate.**

6) Regarding the request for Lab-CPK:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), pgs. 23 & 64, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury to the upper back and fingers of the left hand on 12/29/11. Medical records provided for review indicate treatment has included EMG/NCV of the upper extremities, MRI of the thoracic and lumbar spine, physical therapy/chiropractic treatments, and oral medications. Diagnoses include thoracic disc bulges, bilateral carpal tunnel syndrome, ulnar neuropathy, and bilateral upper extremity paresthesias. The request is for a lab-CPK.

MTUS Chronic Pain guidelines recommend screening for possible underlying medical conditions that may interfere with recovery from an industrial injury. The medical records reviewed indicate the injury occurred in 2011 and the employee's continues to experience pain. Per the guidelines it would be relevant to screen for underlying muscle disorders which may be contributing to the

chronic pain. The request for lab-CPK **is medically necessary and appropriate.**

7) Regarding the request for Lab-CRP:

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an industrial injury to the upper back and fingers of the left hand on 12/29/11. Medical records provided for review indicate treatment has included EMG/NCV of the upper extremities, MRI of the thoracic and lumbar spine, physical therapy/chiropractic treatments, and oral medications. Diagnoses include thoracic disc bulges, bilateral carpal tunnel syndrome, ulnar neuropathy, and bilateral upper extremity paresthesias. The request is for Lab-CRP.

MTUS Chronic Pain guidelines recommend screening for possible underlying medical conditions that may interfere with recovery from an industrial injury. The medical records reviewed indicate the injury occurred in 2011 and the employee's continues to experience pain. Per the guidelines it would be relevant to screen for underlying inflammatory disorders which may be contributing to the chronic pain. The request for lab-CRP **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

/dl

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.