
Notice of Independent Medical Review Determination

Dated: 8/28/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/5/2013

8/15/2008

7/10/2013

CM13-0001139

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 L4-L5 and L5-S1 transforaminal epidural steroid injection **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 medial branch blocks at C6-7 and C3-4 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Lorazepam 0.5mg #10 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Oxy IR 10mg #300 **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 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/11/2013. 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 1 L4-L5 and L5-S1 transforaminal epidural steroid injection **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 medial branch blocks at C6-7 and C3-4 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Lorazepam 0.5mg #10 **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Oxy IR 10mg #300 **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 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 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 5, 2013

"The patient is a 63 year old female with a date of injury of 8/15/2008. The provider is prospectively requesting one L4-5 and L5-S1 transforaminal epidural steroid injection, one medial branch blocks at C6-7 and C3-4, one prescription of Lorazepam 05. mg #10, one prescription of Oxycontin 40 mg #180, and one prescription of Oxy IR 10mg #300. A review of the submitted medical records showed the patient continued to experience neck and back pain, The relevant findings per the 6/25/13 evaluation by [REDACTED], FNP included the patient was underweight, exhibited pain shifting and standing, and demonstrated a nonantalgic gait. The neurological portion of the examination resulted in hypohesthesia on the left in the L5 dermatome, reflexes diminished bilaterally at the knee and diminished reflexes on the left at the ankle. The psychological portion of the examination resulted in the patient stating that she was helplessness, hopelessness, and had hapless feelings. The patient appeared to be depressed, anxious, and worried."

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 7/5/2013)
- Medical Records from [REDACTED] (dated 6/5/12-8/13/12)
- Medical Records from [REDACTED] (dated 7/17/12-4/18/13)
- Medical Records from [REDACTED] (dated 7/13/12-7/1/13)
- Medical Records from [REDACTED] (dated 10/2/12)
- Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8 into the MTUS from the ACEOM Practice Guidelines pg 174, 181 and Table 8-8
- Chronic Pain Medical Treatment Guidelines (May 2009), Part 1, Introduction pgs 46; 86

1) Regarding the request for L4-L5 and L5-S1 transforaminal epidural steroid injections:

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), pg. 46, 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 a work-related injury on 8/15/2008. Medical records provided for review indicate treatment has included a C5/6 discectomy in August 2010, a C4/5 anterior cervical discectomy and fusion on 3/23/11, and an L4-S1 anterior lumbar interbody fusion on 6/27/11. Medical records reviewed indicate previous lumbar epidural steroid injections in June and August 2012 which provided short temporary relief. The request is for L4-5 and L5-S1 transforaminal epidural steroid injections.

MTUS Chronic Pain guidelines indicate epidural steroid injections in cases of identified clinical radiculopathy. The medical report of 6/25/13 indicates clinical findings of hypoesthesia only in the left L5 distribution. The medical records reviewed do not document findings to support a L4/5 epidural steroid injection. The request for L4-5 and L5-S1 transforaminal epidural steroid injections **is not medically necessary and appropriate.**

2) Regarding the request for medial branch blocks at C6-7 and C3-4:

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

The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, pg. 181, 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 stated that no section of the MTUS was applicable. The Expert Reviewer based his/her decision on The Official Disability Guidelines (ODG), Cervical Facet Diagnostic Blocks, which is not part of the MTUS, as relevant and appropriate for the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 8/15/2008. Medical records provided for review indicate prior surgical fusion at C4/5 and C5/6, fusion of left C2/3 facet joint, and fusion of right C4/5 facet joint. There is reported junctional disc syndrome at C6/7 and at C3/4. There are reports of neck pain with bilateral arm numbness that was not significantly improved with two C7 epidural injections. The request is for medial branch blocks at C6-7 and C3-4.

The Official Disability Guidelines (ODG) do not recommend medial branch blocks involving a fused segment, or if a surgical procedure is anticipated, or if there is a radicular component. The records reviewed indicate all three of the contraindications for medial branch blocks. The request for medical branch blocks at C6-7 and C3-4 **is not medically necessary and appropriate.**

3) Regarding the request for Lorazepam 0.5mg #10:

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), pg. 46, 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 a work-related injury on 8/15/2008. Medical records provided for review indicate treatment has included a C5/6 discectomy in August 2010, a C4/5 anterior cervical discectomy and fusion on 3/23/11, and an L4-S1 anterior lumbar interbody fusion on 6/27/11.

MTUS Chronic Pain guidelines indicate benzodiazepines (Lorazepam) are not recommended for long-term use. The medical record of 6/25/13 documents ten (10) tablets of Lorazepam were prescribed for anxiety. The records do not indicate an intention of long-term use, and the prescription is indicated for the diagnosis documented. The request for Lorazepam 0.5mg #10 **is medically necessary and appropriate.**

4) Regarding the request for Oxy IR 10mg #300:

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) (no page identified), 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 based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 86, 88-89, which is part of the Medical Treatment Utilization Schedule (MTUS) as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 8/15/2008. Medical records provided for review indicate treatment has included a C5/6 discectomy in August 2010, a C4/5 anterior cervical discectomy and fusion on 3/23/11, and an L4-S1 anterior lumbar interbody fusion on 6/27/11. The request is for OxyIR 10mg #300.

MTUS Chronic Pain guidelines indicate criteria for the continuation of opioids is decreased pain and/or increased function, and the guidelines recognize the potential need for supplemental doses of break-through pain medication (Oxy IR) for individuals on high doses of sustained released pain medication (oxycodone). Medical records indicate the employee has been prescribed high dose opioids long-term, both OxyContin and OxyIR, due to complications from cervical and lumbar surgeries; the medical records document somewhat reduced pain levels and better mobility and sleep. According to MTUS, this is a satisfactory response for continuation of pain medication. The request for Oxy IR 10mg #300 is **medically appropriate and necessary.**

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.