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

Notice of Independent Medical Review Determination

Dated: 10/1/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/3/2013
Date of Injury:	6/27/2002
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001690

1) MAXIMUS Federal Services, Inc. has determined the request for 1 lumbar epidural steroid injection, caudal approach **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the lumbar spine **is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for a urine analysis **is medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for a qualitative analysis of urine **is medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for a prescription for Methadone 10mg #240 **is medically necessary and appropriate.**

6) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Clonidine 0.5mg #60 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 lumbar epidural steroid injection, caudal approach **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the lumbar spine **is medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for a urine analysis **is medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for a qualitative analysis of urine **is medically necessary and appropriate.**

5) MAXIMUS Federal Services, Inc. has determined the request for a prescription for Methadone 10mg #240 **is medically necessary and appropriate.**

6) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Clonidine 0.5mg #60 **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 55 year old female with a date of injury of 6/27/2002. Under consideration are prospective requests for one lumbar epidural steriod injection, caudal approach, one MRI of the lumbar spine, one urine analysis, one qualitative analysis of urine, one prescription of Methadone 10mg #240, one prescription of Zanaflex 6mg #120 with two refills, and one prescription of Clonidine 0.5mg #60."

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 (received 7/16/2013)
- Utilization Review Determination from [redacted] (dated 7/5/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) **Regarding the request for I lumbar epidural steroid injection, caudal approach:**

Medical Treatment Guideline(s) 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) Chapter 12 (Low Back Complaints), pg. 309, and the Chronic Pain Medical Treatment Guidelines (2009) pg. 300, which are 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 June 27, 2002. The medical records provided for review indicate diagnoses of lumbosacral radiculitis, insomnia, post lumbar laminectomy syndrome, and sacroiliac sprain/strain. Treatments have included diagnostic imaging, surgery, and medication management. The request is for a lumbar epidural steroid injection (LESI), caudal approach.

MTUS Chronic Pain guideliens indicate lumbar epidural steroid Injections are recommended as an option for treatment of radicular pain with corroborative findings of radiculopathy by physical examination and imaging studies or electrodiagnostic testing. The medical records of 7/8/13 documents physical exam findings for radiculopathy, however, the medical records do not include documented corroboration by imaging studies or electrodiagnostic testing. The request for a lumbar epidural steroid injection (LESI), caudal approach, **is not medically necessary and appropriate.**

2) **Regarding the request for MRI of the Lumbar Spine:**

Medical Treatment Guideline(s) 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) pg. 303 which is a 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 June 27, 2002. The medical records provided for review indicate diagnoses of lumbosacral radiculitis, insomnia, post lumbar laminectomy syndrome, and sacroiliac sprain/strain. Treatments have included diagnostic imaging, surgery, and medication management. The request is for MRI of the Lumbar Spine.

MTUS ACOEM guidelines indicate that a repeat MRI is needed when there are new neurological deficits or red flag symptoms noted. The medical records reviewed document a change in symptoms and an MRI is suggested for planning for any necessary injection procedures. The request for an MRI of the lumbar spine **is medically necessary and appropriate.**

3) Regarding the request for a urine analysis

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Chronic Medical Treatment Guideline (2009), which is a part of the Medical Treatment Utilization Schedule (MTUS). The provider relied upon the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009) pg. 43, 94-95 which is part of the MTUS and relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee sustained a work-related injury on June 27, 2002. The medical records provided for review indicate diagnoses of lumbosacral radiculitis, insomnia, post lumbar laminectomy syndrome, and sacroiliac sprain/strain. Treatments have included diagnostic imaging, surgery, and medication management. The request is for urine analysis.

The MTUS Chronic Pain guidelines state that " Drug testing: recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The medical records provided for review indicate the urine analysis was requested based on the employee's use of methadone. The request for urine analysis **is medically necessary and appropriate.**

4) Regarding the request for qualitative analysis of urine

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (latest version), Pain (Chronic), a medical treatment guideline which is not 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. 43, 94-95 which is part of the MTUS.

Rationale for the Decision:
The employee sustained a work-related injury on June 27, 2002. The medical records provided for review indicate diagnoses of lumbosacral radiculitis, insomnia, post lumbar laminectomy syndrome, and sacroiliac sprain/strain. Treatments have included diagnostic imaging, surgery, and medication management. The request is for qualitative analysis of urine.

The MTUS Chronic Pain guidelines state that "Drug testing: recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The medical records provided for review indicate the urine analysis was requested based on the employee's use of methadone. There appears to be some confusion over the difference between quantitative (to check the amount of drug in the blood) and qualitative (urine screening done in the office to detect drug/drug class). The request appears to be a duplicate to the previous request. The request for qualitative urine analysis **is medically necessary and appropriate.**

5) Regarding the request for Methadone 10mg #240

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 (2009)pg. 74-85, 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 MTUS Chronic Pain Medical Treatment Guidelines, (2009), pg. 8, 11, 94 which is part of MTUS and relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee sustained a work-related injury on June 27, 2002. The medical records provided for review indicate diagnoses of lumbosacral radiculitis, insomnia, post lumbar laminectomy syndrome, and sacroiliac sprain/strain. Treatments have included diagnostic imaging, surgery, and medication management. The request is for Methadone 10mg #240

The MTUS Chronic Pain guidelines state that *it is essential to understand the extent that function is impeded by pain,* that is the reason the MTUS does not require functional improvement to show a satisfactory response to medications for pain. The medical records reviewed document the employee's reduction in pain and improved function with methadone. The request for Methadone 10mg #240 **is medically necessary and appropriate.**

6) Regarding the request for Clonidine 0.5mg #60

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Chronic Medical Treatment Guidelines 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 based his/her decision on the MTUS

Chronic Pain Medical Treatment Guidelines, (2009), pg. 8, 11 which is part of MTUS and relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on June 27, 2002. The medical records provided for review indicate diagnoses of lumbosacral radiculitis, insomnia, post lumbar laminectomy syndrome, and sacroiliac sprain/strain. Treatments have included diagnostic imaging, surgery, and medication management. The request is for Clonidine 0.5mg #60.

The MTUS Chronic Pain guidelines recommend Clonidine for a "short-term trial" and indicate that when combined with opioids, "approximately 80% of patient had, < 24 months of pain relief." The medical records provided do not include the last 24 months so there is no way to assess the length of time the medication has been prescribed. The medical records provided for review, however do not show the clonidine has exceeded the 24 months, and the combination of medications, including clonidine, document the employee's reduction in pain, and improved function which meets guideline criteria for continued use. The request for Clonidine 0.5mg #60 **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

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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.