

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 10/28/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 7/2/2013 |
| Date of Injury: | 1/6/2012 |
| IMR Application Received: | 7/22/2013 |
| MAXIMUS Case Number: | CM13-0002430 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for Referral for Consult and treat with spine specialist for neck and possible surgical treatment is **medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 Referral for Consult and treat with spine specialist for neck and possible surgical treatment is **medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 Orthopedic Surgery 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 2, 2013:

“ This is a 52 year-old female [REDACTED] employed by [REDACTED] who sustained an industrial injury to her left hand/wrist and right hand on 1/6/12. The original mechanism of injury was not described. The patient has come under the care of Dr. [REDACTED], MD/ortho who is treating the patient for s/p left carpal tunnel release with partial flexor tenosynovectomy on 12/18/12; degenerative disc disease C5-6 with a left C6 cervical radiculitis; moderately severe right carpal tunnel syndrome; depression/anxiety; and sleep disturbance. The patient has undergone a 18 month course of treatment for chronic neck, back, and extremity complaints which has included medications, physical therapy, braces, carpal tunnel release surgery, activity modifications, epidural steroid injections, and multiple other modalities. Despite the above noted course of treatment, the patient has remained symptomatic and functionally impaired.”

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 07/22/2013)
- Utilization Review Determination from [REDACTED] (dated 07/02/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request Referral for Consult and treat with spine specialist for neck and possible surgical treatment:**

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

The Claims Administrator based its decision on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Neck and Upper Back Complaints, page 179-181, which is part of the MTUS. 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 1/6/2012 with documentation of neck pain, right wrist and left wrist pain, sleep disturbance secondary to pain, as well as depression and anxiety. The current medications for the patient are noted to be Prozac and Xanax. Furthermore, treatment history is inclusive of physical therapy, bracing with carpal tunnel release completed on an unstated date, as well as activity modifications. The request is for a referral for a consult with a spine specialist for the neck and possible surgical treatment.

The MTUS Guidelines indicate that the recommendation for a surgical consultation referral for patients who have persistent severe and disabling shoulder or arm symptoms and activity limitation for more than 1 month or with extreme progression of symptoms and clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion has been shown to benefit from surgical repair in both the short-term and long-term and for patients with unresolved radicular symptoms after receiving conservative treatment. The medical records provided for review indicate that the employee has imaging of the cervical spine which is positive for mild to moderate disc space narrowing at C5-6 and with evidence of a left paracentral disc herniation and osteophyte complex at C6-7. The request for referral for consult and treatment with a spine specialist for neck and possible surgical treatment **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

/mb

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.