

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/16/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	10/22/2012
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002634

- 1) MAXIMUS Federal Services, Inc. has determined the request for a medication consultation with a specialist **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a neurological consultation **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/8/2013. 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 a medication consultation with a specialist **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a neurological consultation **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 Preventative Medicine and Occupational 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.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013:

“The patient is a 38-year-old male with a date of injury of 10/22/2012. Upon consideration are the requests for 1 medication consult with specialist, 1 pain management consult for lumbar spine, and 1 neuro consult.

Per the most current examination dated 5/17/2013, by Dr. [REDACTED], D.C., the patient was suffering from neck, back, left shoulder, left elbow, and left wrist complaints. Objective findings included tenderness with palpation of the cervical, thoracic and lumbar paravertebral muscles with associated muscle spasms, tenderness of the left shoulder, left elbow and left wrist. Orthopedic examination revealed a positive Cervical Compression test and sitting Straight Leg Raise test.”

### **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 on 07/23/2013
- Utilization Review from [REDACTED] (dated 07/09/2013)
- Medical Records from Claims Administrator [REDACTED] (dated 08/07/2013)
- Medical treatment Utilization Schedule(MTUS)

## 1) Regarding the request for a medication consultation with a specialist :

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

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12, page 288, of the MTUS, and the Chronic Pain Medical Treatment Guidelines, (no section or page cited), of the MTUS. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, page 1, of the MTUS, relevant and appropriate for the employee's clinical circumstance.

### Rationale for the Decision:

The employee was injured in an industrial accident on 10/22/2012. The medical records provided indicate treatment has included: analgesic medications, unspecified amounts of chiropractic manipulative therapy, prior nasal surgery of October 29, 2012, MRIs of the cervical and lumbar spine of November 2012, notable for multilevel low grade disk bulges of uncertain clinical significance, and MRI of the elbow of November 21, 2012, notable for lateral epicondylitis. The most recent progress report of July 12, 2013 is notable for comments that the employee reports persistent dull, neck, midback, low back, left shoulder, left elbow and left wrist pain with attendant insomnia. The employee exhibits psychological complaints. A request was made for a medication consultation with a specialist, and a neurological consultation.

The MTUS Chronic Pain guidelines indicate that a physician or treating provider needs to reconsider and determine whether the specialist evaluation is necessary in those individuals who fail to respond to conservative treatment. In this case, the provided medical records indicate the employee has, indeed, failed to respond favorably to conservative management and may be a candidate for analgesic medications. The request for a medication consultation with a specialist **is medically necessary and appropriate.**

## 2) Regarding the request for a neurological consultation :

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

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12, page 305, part of the MTUS, and the Chronic Pain Medical Treatment Guidelines, part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, page 1, of the MTUS relevant and appropriate for the employee's clinical circumstance.

### Rationale for the Decision:

The employee was injured in an industrial accident on 10/22/2012. The medical records provided indicate treatment has included: analgesic medications, unspecified amounts of chiropractic manipulative therapy, prior nasal surgery of October 29, 2012, MRIs of the cervical and lumbar spine of November 2012,

notable for multilevel low grade disk bulges of uncertain clinical significance, and MRI of the elbow of November 21, 2012, notable for lateral epicondylitis. The most recent progress report of July 12, 2013 is notable for comments that the employee reports persistent dull, neck, midback, low back, left shoulder, left elbow and left wrist pain with attendant insomnia. The employee exhibits psychological complaints. A request was made for a medication consultation with a specialist, and a neurological consultation.

MTUS Chronic Pain guidelines indicate that the presence of persistent complaints should lead a primary treating provider to reconsider and consider a specialist evaluation. In this case, the medical records provided indicate the employee reports ongoing complaints of posttraumatic headaches several years removed from the date of injury. Obtaining the added expertise of physician specializing in the management of headaches (e.g., a neurologist) is indicated and appropriate. The request for a neurological consultation **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, 18<sup>th</sup> 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.