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**Notice of Independent Medical Review Determination**

Dated: 10/14/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	12/6/2011
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0003049

- 1) MAXIMUS Federal Services, Inc. has determined the request for a comprehensive metabolic panel **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a complete blood count **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for urinary drug screening **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for eight physical therapy/aquatic therapy sessions **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 comprehensive metabolic panel **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a complete blood count **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for urinary drug screening **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for eight physical therapy/aquatic therapy sessions **is not 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 3, 2013

**CLINICAL SUMMARY:** [REDACTED] is a 41 year old (DOB: 12/16/71) female [REDACTED] for [REDACTED] who sustained an injury in the course of her duty while at work on 12/06/11. She put on a heavy belt with hand wrinkles, gas mask, keys, handcuffs, baton, pepper spray, etc. She bent down to the floor and felt pain in the low back. Her current work status is not addressed. The carrier has accepted her lower back and has denied mental/physical.

### 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 7/24/13)
- Utilization Review Determination from [REDACTED]
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

## 1) Regarding the request for a comprehensive metabolic 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, (2009), Specific drug list and adverse effects, page 70, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS is applicable and relevant to the issue at dispute. The Expert Reviewer found the Merck Manual, 19<sup>th</sup> Edition, a medical treatment guideline (MTG), not part of the MTUS, applicable and relevant to the issue at dispute.

### Rationale for the Decision:

The employee sustained an industrial injury on 12/06/11. The submitted medical records note subjective complaints of low back pain with reduced range of motion and radiating pain to the tailbone, hips, and knees. The records indicate prior treatment has included aquatic therapy, medications, an electrical stimulator and injections. A reviewed medial report dated 1/4/13 indicates a physical exam revealed no evidence of spasms with flexion and extension revealing pain. A request has been submitted for a comprehensive metabolic panel.

The Merck Manual indicates that clinicians use laboratory testing to help make choices and the test results may help dispel uncertainty, interpret a patient's signs and symptoms, and identify patients who are likely to have occult disease. The reviewed records indicate the employee is currently maintained on Nucynta secondary to complaints of low back pain and radicular symptoms. Additionally, records indicate the patient was advised to discontinue the use of tramadol, Vicodin and Mobic. The submitted medical records lack a clear indication that the employee has undergone risk assessment or other screening evaluations delineating medical necessity for the requested testing and there is no clear clinical rationale for this request. The request for a comprehensive metabolic panel **is not medically necessary and appropriate.**

## 2) Regarding the request for a complete blood count:

### 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), Specific drug list and adverse effects, page 70, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS applicable and relevant to the issue at dispute. The Expert Reviewer found the Merck Manual, 19<sup>th</sup> Edition, a medical treatment guideline, not part of the MTUS, applicable and relevant to the issue at dispute.

### Rationale for the Decision:

The employee sustained an industrial injury on 12/06/11. The submitted medical records note subjective complaints of low back pain with reduced range of motion

and radiating pain to the tailbone, hips, and knees. The records indicate prior treatment has included aquatic therapy, medications, an electrical stimulator and injections. A reviewed medial report dated 1/4/13 indicates a physical exam revealed no evidence of spasms with flexion and extension revealing pain. A request has been submitted for a complete blood count.

The Merck Manual indicates that clinicians use laboratory testing to help make choices and the test results may help dispel uncertainty, interpret a patient's signs and symptoms, and identify patients who are likely to have occult disease. The reviewed records indicate the employee is currently maintained on Nucynta secondary to complaints of low back pain and radicular symptoms. Additionally, notes indicated the patient was advised to discontinue the use of tramadol, Vicodin and Mobic. The submitted medical records lack a clear indication that the employee has undergone risk assessment or other screening evaluations delineating medical necessity for the requested testing and there is no clear clinical rationale for this request. The request for a complete blood count **is not medically necessary and appropriate.**

### 3) Regarding the request for urinary drug screening:

#### 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, Urine drug screening, page 43, 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 on 12/06/11. The submitted medical records note subjective complaints of low back pain with reduced range of motion and radiating pain to the tailbone, hips, and knees. The records indicate prior treatment has included aquatic therapy, medications, an electrical stimulator and injections. A reviewed medial report dated 1/4/13 indicates a physical exam revealed no evidence of spasms with flexion and extension revealing pain. A request has been submitted for urinary drug screening.

MTUS Chronic Pain guidelines note that drug testing is recommended as an option to assess for the use or presence of illegal drugs, as a step to take before a therapeutic trial of opioids, and for ongoing management of opioids to avoid misuse/addiction. The reviewed medical records indicate that the employee is currently maintained on Nucynta secondary to complaints of low back pain and radicular symptoms. Additionally, records indicate the employee was advised to discontinue the use of tramadol, Vicodin and Mobic. The submitted medical records lack a clear indication that the employee has undergone risk assessment or other screening evaluations delineating medical necessity for the requested testing and there is no clear clinical rationale for this request. The requested urinary drug screening **is not medically necessary and appropriate.**

#### 4) Regarding the request for eight physical therapy/aquatic therapy sessions:

##### 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, Physical medicine, page 98-99, 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 on 12/06/11. The submitted medical records note subjective complaints of low back pain with reduced range of motion and radiating pain to the tailbone, hips, and knees. The records indicate prior treatment has included aquatic therapy, medications, an electrical stimulator and injections. A reviewed medial report dated 1/4/13 indicates a physical exam revealed no evidence of spasms with flexion and extension revealing pain. A request has been submitted for eight physical therapy/aquatic therapy sessions.

MTUS Chronic Pain guideline recommendation 9 to 10 visits over 8 weeks for the treatment of myalgia and myositis, and 8 to 10 visits over 4 weeks for treatment of neuralgia and radiculitis. The reviewed medical records indicate the employee completed six sessions of physical therapy/aquatic therapy with noted benefit. However, on physical examination the patient was noted to continue to have flexion and extension pain and tenderness to palpation over the lumbosacral bilateral posterior superior iliac spine. The request for eight additional sessions is in excess of guideline recommendations. The requested eight physical therapy/aquatic therapy sessions **is not 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

/srb

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.