

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: 10/29/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/20/2013
Date of Injury:	9/26/2005
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003693

- 1) MAXIMUS Federal Services, Inc. has determined the request for 10 days inpatient stay **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 independent psychiatric evaluation and treatment **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 10 days inpatient stay **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 independent psychiatric evaluation and treatment **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 Psychiatry 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 20, 2013:

“The patient is a 57 year old male with a date of injury of 9/26/2005. Under consideration are prospective requests for a 10 day inpatient stay, 1 concurrent multidisciplinary team conference and 1 independent psychiatric evaluation and treatment. A review of the submitted documentation revealed that the patient has been under treatment for chronic neck, low back, and shoulder pain. On 4/25/13, the patient was evaluated and began treatment in the HELP outpatient detoxification program. According to the recent report submitted by Dr. [REDACTED], the patient has significant fatigue since being placed on blinded methadone cocktail, which was during the second week. The blinded pain cocktail contained methadone 10 mg with .3 mg of lorazepam three times/day (total 30 mg methadone, .9 mg lorazepam). In an attempt to treat the fatigue, the patient was given a 200 mcg injection of testosterone on 7/12/13, however it was not successful and during the recommended and were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders treatment is not suggested for longer than two weeks without evidence of subjective and objective gains. Patients should be motivated to improve and return to work. Criteria for the use of multidisciplinary programs include the following: adequate and thorough evaluation have been made, including baseline functional testing so follow-up can note functional improvement, previous methods of treatment have been unsuccessful and there is an absence of other options likely to result in clinical improvement, the patient has significant loss of ability to function independently resulting from chronic pain. The patient is not a candidate for surgery, and negative predictors of success have been addressed. In regards to the patient, a multidisciplinary team conference is warranted. Per the previous discussion, the patient appears to be in need of admittance into the inpatient

detoxification program. It would be medically appropriate and necessary to have a multidisciplinary team conference to better gauge and assess the patient for the anticipated treatment program. The patient has associated psychological complications as well as the vast diagnosis of physical complications. Based on this discussion, along with the previous explanation regarding the need for participation in an inpatient detoxification program, the prospective request for 1 concurrent multidisciplinary team conference is certified. Referral to mental health specialist appear clinically necessary, when prescribing antidepressant or antipsychotic medications when patient's have serious conditions, such as severe depression and schizophrenia, while common psychiatric conditions, such as mild depression, should be referred to a specialist after symptoms continue for more than six to eight weeks, The Official Disability Guidelines state that screening for psychiatric disorders in patients with chronic unexplained pain, delayed recovery, or a poor response to treatment *is* recommended. The guidelines state that co-morbid psychiatric disorders commonly occur in chronic pain patients. Approximately 65% of patients with chronic disabling occupational spinal disorders have a prevalence for a psychiatric disorder. In regards to the patient, a psychiatric evaluation appears clinically warranted. The patient has exhibited signs and symptoms of depression, and it would be medically appropriate to manage these symptoms with the recommendations from a properly trained physician. The patient is currently prescribed the anti-depressant Cymbalta, but per Dr. [REDACTED] recommendations, it is anticipated that with the opioid detoxification process, the anti-depressant medications should subsequently be adjusted. Per guidelines recommendations, given the patient's extensive history, this should be under the observation and analysis of the proper specialist. Subsequent treatment quantity and duration should be determined by the psychiatrist following evaluation, so will not be prospectively authorized at this time. Therefore, the prospective request for 1 independent psychiatric evaluation and treatment is certified with modification, to allow for 1 independent psychiatric evaluation. The corresponding treatment schedule can be subsequently evaluated, following submission/recommendations by the psychiatric provider.”

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 7/26/2013)
- Utilization Review Determination from [REDACTED] (dated 7/20/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 10 days inpatient stay:

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), Chronic Pain Programs section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines, Pain Chapter, Inpatient Detox, Weaning of Medications, Hospital Length of Stay, and Drug Detox sections, which are medical treatment guidelines that are not part of the MTUS. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 32, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work related injury on 9/26/2005 resulting in chronic neck, low back pain, and shoulder pain. The medical records provided for review indicate treatments have included medications and HELP outpatient detoxification program. The request is for 10 days inpatient stay.

The MTUS Chronic Pain Guidelines state that individuals with complex medical problems need inpatient treatment for pain management. Although the median stay for individuals with chronic pain is 4 days, this employee had major back surgery scheduled. That is a clear indication that the employee's medical/surgical condition is sufficiently severe to warrant a ten day inpatient psychiatric stay for medical/psychiatric management of his overall care including but not limited to pain management. The request for 10 days inpatient stay **is medically necessary and appropriate.**

2) Regarding the request for 1 independent psychiatric evaluation and treatment:

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), Chronic Pain Consultations section, which is part of the MTUS. The Claims Administrator also cited the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) Chapter 15 pages 387-388, 398, which are part of the MTUS. The Expert Reviewer based his/ her decision on Chronic Pain Medical Treatment Guidelines (2009), page 32, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work related injury on 9/26/2005 resulting in chronic neck, low back pain, and shoulder pain. The medical records provided for review indicate treatments have included medications and HELP outpatient detoxification program. The request is for 1 independent psychiatric evaluation and treatment.

The MTUS Chronic Pain Guidelines state that inpatient pain rehabilitation programs typically consist of more intensive functional rehabilitation and medical care than their outpatient counterparts. They may be appropriate for patients who: (1) don't have the minimal functional capacity to participate effectively in an outpatient program; (2) have medical conditions that require more intensive oversight; (3) are receiving large amounts of medications necessitating medication weaning or detoxification; or (4) have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. The guideline supports the request. The request for 1 independent psychiatric evaluation and 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

/sm

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.