

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	5/6/2008
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004404

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the lumbar spine QTY: 1.00 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture for the cervical and lumbar spine pain QTY: 10.00 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **intramuscular injection of Toradol QTY: 1.00 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 **MRI of the lumbar spine QTY: 1.00 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture for the cervical and lumbar spine pain QTY: 10.00 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **intramuscular injection of Toradol QTY: 1.00 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.

Expert Reviewer Case Summary:

The patient is a 50-year-old female who reported an injury on 05/06/2008. Intraoperative monitoring report dated 03/17/2011 reported the patient was undergoing anterior cervical discectomy and fusion (ACDF) at C4-C7. The clinical note dated 05/15/2012 reported the patient complained of significant back pain and stated her neck was quite better status post surgery. The patient was noted to have undergone lumbar epidural steroid injections recently but did not feel like they gave her any permanent pain relief. The patient was recommended for authorization of MRI of the lumbar spine, one year health club membership, consultations with a nutritionist, psychologist, and a psychiatrist. The procedure report dated 05/16/2012 reported the patient underwent a lumbar epidural steroid injection. The patient underwent another lumbar epidural steroid injection on 05/30/2012. AME (agreed medical exam) dated 06/04/2012 reported the patient complained of neck tightness with numbness and tingling radiating to the upper extremities. The patient also complained of low back pain radiating to the bilateral thighs. The patient also had complaints of depression and anxiety. On examination, the patient had 40 degrees of lumbar flexion and 18 degrees of extension. The patient also had muscle spasms throughout the lumbar paraspinal musculature, 5/5 lower extremity motor strength, and symmetric deep tendon reflexes. The patient also had negative straight leg raise. Utilization review decision letter dated 07/08/2013 reported requests for MRI of the lumbar spine and Toradol injection were non-certified. The patient was given authorization for 60 tablets of hydrocodone 10 mg, CT scan of the cervical spine and 4 sessions of acupuncture.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for MRI of the lumbar spine QTY: 1.00:

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS 2009: (ACOEM) American College of Occupational and Environmental Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 12, page 304 regarding low back complaints, which is a part of the MTUS.

The Expert Reviewer based his/her decision Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 303-305, Special Studies and Surgical Considerations, which is part of the MTUS.

Rationale for the Decision:

The ACOEM guidelines state that an MRI is useful when unequivocal objective findings identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and who would consider surgery an option. A review of the medical records do indicate that the employee has had prior MRIs of the lumbar spine, however no prior imaging studies of the lumbar spine were provided for review to assess the employee's pathology. The most recent medical record provided for review, dated 06/04/2012, indicated that the employee was neurologically intact, and therefore there would be no need for an MRI. **The request for MRI of the lumbar spine QTY: 1.00 is not medically necessary and appropriate.**

2) Regarding the request for acupuncture for the cervical and lumbar spine pain QTY: 10.00:

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS 2009, and the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition, 2004, Chapter 8, pages 174-175 regarding neck and upper back complaints, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, pages 8-9 which is a part of the MTUS.

Rationale for the Decision:

California MTUS Guidelines recommend an initial trial of 3 to 6 acupuncture sessions to produce effect. The request for 10 sessions of acupuncture exceeds evidence-based guidelines for initial duration of care. A review of the records indicates that there is no clinical note available for review in the last 12 months to support that the employee has any subjective or objective clinical findings to support the need for acupuncture. **The request for Acupuncture for the cervical and lumbar spine QTY: 10.00 is not medically necessary and appropriate.**

3) Regarding the request for intramuscular injection of Toradol QTY: 1.00:

Section of the Medical Treatment Utilization Schedule (MTUS) Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS 2009, Chronic Pain Treatment Guidelines, pg. 72, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, which is part of MTUS, page 72, Toradol, which is a part of the MTUS.

Rationale for the Decision:

California MTUS Guidelines indicate that Toradol is not indicated for minor or chronic painful conditions. A review of the records indicate that there is no clinical note submitted for review of the last 12 months to indicate that the employee has any acute symptoms to warrant a Toradol injection. The employee does appear to have chronic neck and low back pain for which California MTUS guidelines state that Toradol is not indicated. **The request for intramuscular injection of Toradol QTY: 1.00 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,

Paul Manchester, MD, MPH
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.