MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/15/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/17/2013
Date of Injury:	5/10/2011
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005283

1) MAXIMUS Federal Services, Inc. has determined the request for urine drug screen **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for hot/cold contrast system **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 urine drug screen **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for hot/cold contrast system **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 Preventive 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.

Expert Reviewer Case Summary:
The applicant was reportedly injured on 5/10/2011. He has also filed a derivative claim for sleep disturbance. Thus far, he has been treated with analgesic medications, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, medial branch blocks, epidural steroid injections, and extensive periods of time off of work. The provider noted on 6/21/2013 that the applicant should receive medial branch blocks, urine drug testing, and a hot/cold system. A Utilization Review dated 7/17/2013 noted that medial branch blocks are certified. A urine drug screen and a hot/cold system, conversely, were non-certified. A letter from the attending provider dated 8/23/2013 state that the applicant is using Norco, Tramadol, and Neurontin.

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** urine drug screen**:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, page 43, which is part of the MTUS, and the ACOEM Occupational Medicine Guidelines, 3rd Edition, 2011, Low Back Disorders, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 43, which is part of the MTUS, and ACOEM Practice Guidelines, 3rd Edition, Chronic Pain, General Principles of Treatment, Medications, which is not part of the MTUS.

Rationale for the Decision:
The Chronic Pain guidelines recommend drug testing to assess for the use or presence of illegal drugs. The ACOEM state there is an indication for drug testing for all patients on chronic opioids for chronic pain. The records submitted for review document the employee is currently on opioid medication for chronic pain. **The request for urine drug screen is medically necessary and appropriate.**

2) **Regarding the request for** hot/cold contrast system**:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the ACOEM Occupational Medicine Guidelines, 3rd Edition, 2011, page 560, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 300, which is part of the MTUS, and ACOEM, 3rd Edition, Chronic Pain, General Principles of Treatment, Allied Health Therapies, which is not part of the MTUS.

Rationale for the Decision:
The ACOEM guidelines state simple, low-tech at-home applications of heat and cold are as affective as those performed by therapist or, by implication, through high-tech means. The ACOEM guidelines also do not support high-tech devices for delivering hot and cold therapy. **The request for hot/cold contrast system 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

/sab

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.