

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/23/2013

3/16/2013

8/1/2013

CM13-005650

- 1) MAXIMUS Federal Services, Inc. has determined the request for **lumbar MRI is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Ibuprofen is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Exoten lotion is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/20/2013. 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 **lumbar MRI is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Ibuprofen is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Exoten lotion 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:

██████████ employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 16, 2013.

Thus far, she has been treated with the following: Analgesic medications; lumbar MRI of August 12, 2013, notable for low-grade facet arthropathy and neural foraminal narrowing of uncertain clinical significance; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; topical compounds; extensive periods of time off work; transfer of care to and from various providers and various specialties; attorney representation; computerized range of motion testing; and unspecified amounts of acupuncture.

In an application for independent medical review dated August 28, 2013, the claims administrator stated that the UR decision that generated the IMR took place on July 23, 2013.

Specifically reviewed are multiple handwritten progress notes written by the attending provider, some of which are not dated, including some dated August 29, 2013, and June 5, 2013, not entirely legible, notable for ongoing complaints of low back pain. The applicant is asked to employ Motrin for pain relief, obtain additional physical therapy, and acupuncture while remaining off work, until temporary disability.

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 lumbar MRI:

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 American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition, (2004), Chapter 12, pages 303-304 and Tables 12-1 and 12-8, which are part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12: Low Back Complaints, Table 12-8.

Rationale for the Decision:

The MTUS-adopted ACOEM Guidelines state that MRI imaging is the test of choice for individuals with prior back surgery and can be employed when red flag diagnoses such as cauda equina syndrome, tumor, infection and/or fracture are strongly suspected and plain films are negative. In this case, however, in the medical records provided for review, there is no clearly voiced suspicion of red flag diagnoses such as tumor, fracture, cauda equine syndrome, etc. There is no history of prior lumbar spine surgery. Additionally, the documentation provided is sparse, handwritten and not entirely legible. **The request for lumbar MRI is not medically necessary and appropriate.**

2) Regarding the request for Ibuprofen:

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: NSAIDs.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 22, which is part of the MTUS.

Rationale for the Decision:

While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that anti-inflammatory medications such as ibuprofen do represent the traditional first-line of treatment, in this case, according to the medical records provided for review, there is no evidence of functional improvement with prior usage of ibuprofen.

The employee has failed to effect any improvement in terms of work status, work restrictions, activities of daily living, and/or diminished reliance on medical treatment through prior usage of ibuprofen. The fact that the employee remains off work, on total temporary disability, and is pursuing additional physical therapy and acupuncture at this stage suggests a lack of functional improvement as defined in Section 9792.20(f). **The request for Ibuprofen is not medically necessary and appropriate.**

3) Regarding the request for Exoten lotion:

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 Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 3, Oral Pharmaceuticals, and the Chronic Pain Medical Treatment Guidelines (2009), page 111, which are part of the MTUS.

Rationale for the Decision:

Page 111 of the MTUS Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental. This is echoed by the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, which further indicates that topical medications are not recommended. Finally, according to the medical records provided for review, there is no evidence of oral analgesic intolerance and/or failure which may make a case for usage of topical analgesics or topical compounds. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals represent the most appropriate first-line palliative measure. **The request for Exoten lotion 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 M.D., 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.