

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: 11/6/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/5/2013

7/9/2012

8/5/2013

CM13-0006926

- 1) MAXIMUS Federal Services, Inc. has determined the request for **lumbar epidural injection at unspecified site is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone 7.5/325mg (quantity unspecified) is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen Sodium 550mg (quantity unspecified) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/27/2013. 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 epidural injection at unspecified site is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone 7.5/325mg (quantity unspecified) is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen Sodium 550mg (quantity unspecified) 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:

According to the 9/21/12 initial evaluation by Dr [REDACTED], the patient is a 35 year old male bus driver and on 7/9/12, he bent over to secure a wheelchair and had a pinching sensation in his lower back. He had ibuprofen and physical therapy (PT) and was taken off work. PT did not help. More recently, the 5/16/13 orthopedic evaluation by Dr [REDACTED] low back pain radiating down the right lower extremity. Patient is 5'11", 198 lbs, antalgic to the left avoiding sitting on the right gluteal area, but no limp. There was marked pain at the sciatic notch, and sensory deficits along the right S1 distribution. Straight leg raise was positive on the right; there was also bilateral SI joint pain. Diagnosis was herniated nucleus pulposus L5/S1 with radiculopathy right lower extremity. MRI on 10/11/12 was reported to show right nerve root compression and moderate foraminal stenosis. There were 42 PT visits but no epidural steroid injection (ESI). He prescribes Naproxen 550mg and Norco 7.5/325mg, but does not provide the dosage. There is a 9/5/13 PR2, stating the patient's condition was worsening and has increased medications, however, the physician still did not provide the level of the ESI he requested, nor did he provide the dosage of the medications.

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 epidural injection at unspecified site:

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

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs)pg. 46 of 127, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines state Epidural steroid injections (ESIs) recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The medical records provided for review indicate the employee appears to have clinical right-side S1 radiculopathy confirmed by MRI and unresponsive to conservative treatment. The physician has not specified what level he is requesting the ESI to be at, or whether this is a transforaminal or interlaminar approach, however, the MTUS criteria for an ESI appears to have been met. **The request for lumbar epidural injection is medically necessary and appropriate.**

2) Regarding the request for Hydrocodone 7.5/325mg (quantity unspecified):

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

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, pgs. 8, 11, 86-7 of 127, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines state the treating physician shall be “knowledgeable regarding prescribing information and adjust the dosing [i.e. how often {frequency} and how much {intensity}] to the individual patient.” The clinical notes submitted for review lack the documentation of the opioid dosage and frequency. The employee appears to have pain, which would be an indication for Norco (Hydrocodone) but the dosage and frequency is not provided. There is not enough information provided to determine if the Hydrocodone dosing is in accordance with the recommended dosing listed under MTUS. **The request for Hydrocodone 7.5/325mg is not medically necessary and appropriate.**

3) Regarding the request for Naproxen Sodium 550mg (quantity unspecified):

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

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects, pg. 70-73 of 127, which is a part of MTUS.

Rationale for the Decision:

The MTUS Guidelines state NSAIDs: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. In this case, the medical records submitted for review, indicate the employee appears to have, which would be an indication for Naproxen, however the dosage and frequency is not provided.

There is not enough information provided to determine if the Naproxen dosing is in accordance with the recommended dosing listed under MTUS. **The request for Naproxen Sodium 550mg 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

/hs

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.