

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

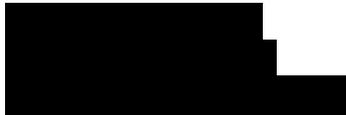
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Notice of Independent Medical Review Determination

Dated: 12/13/2013



Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:



7/1/2013

2/28/2012

8/8/2013

CM13-0008590

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 x-ray of Lumbar spine between 8/15/2012 and 8/15/2012 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 Urine sample collection between 8/15/2012 and 8/15/2012 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **12 acupuncture visits between 8/15/2012 and 9/21/2012 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **12 physiotherapy visits between 8/15/2012 and 9/21/2012 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/16/2013. 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 **1 x-ray of Lumbar spine between 8/15/2012 and 8/15/2012 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 Urine sample collection between 8/15/2012 and 8/15/2012 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **12 acupuncture visits between 8/15/2012 and 9/21/2012 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **12 physiotherapy visits between 8/15/2012 and 9/21/2012 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 & 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 underlying date of injury in this case is 02/28/2012. The patient's diagnoses as of 08/15/2012 included right knee internal derangement and lumbar spine protrusions. The treating physician saw the patient in reevaluation on 08/15/2012. The present complaints section of that report is blank. On physical examination the patient was noted to be in no apparent distress with a normal gait. The patient had tenderness to palpation of the lumbar spine with spasms of the paraspinals and tenderness to palpation of the sacroiliac joints. The treating physician reviewed an MRI of the lumbar spine of 05/29/2012 which showed a bulge at L4-5 and also a moderate bulge at L5-S1 and moderate bilateral foraminal narrowing. The treating physician planned to continue the patient's physical therapy and also requested acupuncture two times a week for 6 weeks, requested an orthopedic consultation for the right knee, pain management for the lumbar spine, and electrodiagnostic studies of the lower extremities. The patient was noted on exam to have decreased sensation of right 2nd and 3rd toes and along the dorsum of the foot. A urine sample was collected and sent to the laboratory.

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:



1) Regarding the request for 1 x-ray of Lumbar spine between 8/15/2012 and 8/15/2012:

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 Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 303, which is part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 303, which is part of MTUS.

Rationale for the Decision:

MTUS ACOEM guidelines indicate that lumbar spine x-rays should not be recommended to patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. In this case, the employee previously underwent a magnetic resonance imaging (MRI) without evidence of serious pathology. The current treatment notes do not document the employee's present symptoms. It is not possible to determine an indication for a lumbar X-ray based on these factors. **The request for 1 X-ray of Lumbar spine between 8/15/2012 and 8/15/2012 is not medically necessary and appropriate.**

2) Regarding the request for 1 Urine sample collection between 8/15/2012 and 8/15/2012:

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 the Chronic Pain Medical Treatment Guidelines, Section on Drug Testing, page 43, which is part of MTUS.

Rationale for the Decision:

The MTUS guidelines indicate that drug testing is recommended as an option, using a urine drug screen, to assess for the use or presence of illegal drugs.

Implicit in this guideline is that there be documentation of a rationale for drug testing, including the drugs to be tested for, and an assessment of risks for aberrant behavior. There is extremely limited information in the medical records provided to support a rationale for drug testing of the frequency of such testing or the scope of such testing. **The request for 1 Urine sample collection between 8/15/2012 and 8/15/2012 is not medically necessary and appropriate.**

3) Regarding the request for 12 acupuncture visits between 8/15/2012 and 9/21/2012:

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 the Acupuncture Medical Treatment Guidelines, which is part of MTUS.

Rationale for the Decision:

The MTUS guidelines indicate that acupuncture may be used as an adjunctive physical rehabilitation to hasten functional recovery, and that the timeframe to produce functional improvement is 3-6 treatments. At this time, the medical records do not document specific functional goals for the proposed acupuncture. Additionally, the requested 12 visits exceed the treatment guidelines. **The request for 12 acupuncture visits between 8/15/2012 and 9/21/2012 is not medically necessary and appropriate.**

4) Regarding the request for 12 physiotherapy visits between 8/15/2012 and 9/21/2012:

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 Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines: Section on Physical Medicine, page 99, which is part of MTUS.

Rationale for the Decision:

The guidelines' section on Physical Medicine indicate that pain management should allow for fading of treatment frequency, plus active self-directed home physical medicine. The guidelines therefore anticipate that this employee would have transitioned to an independent home rehabilitation program by the timeframe under review. If additional supervised therapy were indicated, then the guidelines would anticipate documentation of the specific rationale and goals for such additional supervised therapy. This documentation is not present in the medical records provided for review. **The request for 12 physiotherapy visits between 8/15/2012 and 9/21/2012 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.