Notice of Independent Medical Review Determination

Dated: 12/4/2013

Employee: 
Claim Number: 
Date of UR Decision: 8/12/2013
Date of Injury: 6/8/2007
IMR Application Received: 8/13/2013
MAXIMUS Case Number: CM13-0010639

1) MAXIMUS Federal Services, Inc. has determined the request for outpatient arterial and venous ultrasounds for all four (4) limbs is not medically necessary and appropriate.

2) MAXIMUS Federal Services, Inc. has determined the request for TCD (Transcranial Doppler) with bubble is not medically necessary and appropriate.

3) MAXIMUS Federal Services, Inc. has determined the request for EEG is medically necessary and appropriate.

4) MAXIMUS Federal Services, Inc. has determined the request for lab work of "memory loss panel" unspecified is not medically necessary and appropriate.
INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 8/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. 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 outpatient arterial and venous ultrasounds for all four (4) limbs is not medically necessary and appropriate.

2) MAXIMUS Federal Services, Inc. has determined the request for TCD (Transcranial Doppler) with bubble is not medically necessary and appropriate.

3) MAXIMUS Federal Services, Inc. has determined the request for EEG is medically necessary and appropriate.

4) MAXIMUS Federal Services, Inc. has determined the request for lab work of "memory loss panel" 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 Preventative 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 is a represented former employee who has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of June 8, 2007.
Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior spinal fusion surgery; and adjuvant medications.
In a utilization review report of August 12, 2013, the claims administrator denied a request for arterial ultrasounds, venous ultrasounds, and several other laboratory studies.
The applicant's attorney subsequently appealed, on August 13, 2013.
An earlier note of July 30, 2013 is notable for comments that the applicant reports headaches, neck pain, low back pain, and memory loss, all of which he attributes to the industrial contusion injury. There is apparent radiation of pain to the left upper extremity. The applicant is presently on Butrans, Lortab, Neurontin, and Lyrica. The applicant specifically denies any medication side effects and exhibits diminished left upper extremity strength with some muscular atrophy appreciated on exam. Her
alertness, orientation, fund of knowledge, memory, and mood are grossly normal. Recommendation is made for the applicant to obtain an MRI of the brain, cervical spine, and lumbar spine while obtaining electrodiagnostic testing of all four limbs. Other unspecified labs are also endorsed. The applicant was issued a prescription for Percocet and asked to continue Lyrica and Restoril. It is noted that the applicant has had prior electrodiagnostic testing of the upper and lower extremities on June 8, 2007, November 1, 2007, and March 17, 2010, all of which were interpreted as negative for any focal neuropathy or radiculopathy.

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 outpatient arterial and venous ultrasounds for all four (4) limbs:

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 CA MTUS: Revision, Web Edition, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), Neurologic and Vascular Screening, pg. 200, which is part of the MTUS, and Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), Neurovascular Screening, pg. 366, which is part of the MTUS.

Rationale for the Decision:
As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, the neurologic and vascular status of the shoulder, upper extremity, and neck should be assessed. A review of the records indicates, in this case, however, the attending provider did not assess the employee's vascular status on the most recent office visit in question. There is no description of the employee's peripheral pulses of the upper extremities. Similarly, the MTUS-adopted ACOEM Guidelines in Chapter 14 also endorse assessing for neurovascular compromise. Again, as with the upper extremity, however, the attending provider did not assess the employee's lower extremity pulses or vascular status on the office visit in question so as to make a case to perform arterial and/or venous duplex ultrasounds of the same. There is no history suggestive of peripheral vascular compromise. There is no clearly voiced suspicion of peripheral vascular disease, either upper or lower extremity, for which arterial and/or venous duplex ultrasounds would be indicated. The request for outpatient arterial and venous ultrasounds for all four (4) limbs is not medically necessary and appropriate.
2) Regarding the request for TCD (Transcranial Doppler) with bubble:

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 CA MTUS: Revision, Web Edition, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers’ Compensation, the Expert Reviewer based his/her decision on Goutman, S., et al. “Transcranial Doppler with Bubble Study as a Method to Detect Extracardiac Right-to-Left Shunts in Patients with Ischemic Stroke.” J Neuroimaging, 2013 Oct;23(4):523-5, which is not a part of the MTUS.

Rationale for the Decision:
As noted by Goutman and colleagues, transcranial Doppler (TCD) bubble studies may prove useful in uncovering treatable causes of stroke. The records provided for review do not document a differential diagnosis or a list of suspected diagnoses. However, the employee is planned to undergo MRI imaging of numerous parts of the body, including the brain. It is thus appropriate to determine the results of the brain MRI and/or other proposed imaging studies before considering further evaluation with transcranial Doppler with bubble studies. The request for TCD (Transcranial Doppler) with bubble is not medically necessary and appropriate.

3) Regarding the request for EEG:

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 CA MTUS: Revision, Web Edition, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers’ Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Head Chapter, EEG (neurofeedback) Indications for EEG Section, which is not a part of the MTUS.

Rationale for the Decision:
The MTUS does not specifically address the topic. As noted in the ODG head chapter, EEG (electroencephalography) topic, EEG can be employed in those individuals in whom there is evidence of failure to improve or additional deterioration following initial assessment and stabilization. A review of the records indicates in this case, the employee has seemingly failed to effect any clear recovery, several years removed from the date of injury.
Symptoms of headache and subjective complaints of memory loss apparently linger. Obtaining EEG testing to establish or rule out the diagnosis of seizure is indicated as this may potentially represent the source of the employee's ongoing complaints. **The request for EEG is medically necessary and appropriate.**

4) **Regarding the request for lab work of "memory loss panel" unspecified:**

   **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 CA MTUS: Revision, Web Edition, which is not a part of the MTUS.

   The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Nanda, A. Transient Ischemic Attack Workup. Medscape Article 1910519.

   **Rationale for the Decision:**
   The MTUS does not address the topic. As noted by Medscape, any number of laboratory tests can be employed to further work up memory loss and/or TIAs as, for instance, toxicology screening, CSF analysis, D-dimer, CBC, etc. A review of the records indicates in this case, however, the attending provider did not clearly state which test or tests he intended to perform. Since the independent medical review process does not permit the reviewer to issue conditional certifications, qualified certifications, or the like, the request is wholly non-certified, on independent medical review. **The request for lab work of “memory loss panel” unspecified 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.