

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: 11/15/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

8/8/2013

Date of Injury:

10/4/2010

IMR Application Received:

8/12/2013

MAXIMUS Case Number:

CM13-0010180

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #90 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **series of three C4-5 epidural steroid injections is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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 **Prilosec 20mg #90** is **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **series of three C4-5 epidural steroid injections** 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 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:

All medical, insurance, and administrative records provided were reviewed in their entirety.

SUMMARY OF RECORDS: The applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic low back, bilateral shoulder, and bilateral neck pain reportedly associated with an industrial injury of October 4, 2010. The claimant has also apparently filed claims for derivative psychiatric stress.

In a prior utilization review report of August 8, 2013, the claims administrator denied a series of three cervical epidural steroid injections, certified a prescription for ibuprofen, partially certified a prescription for Prilosec, and certified a followup visit in two weeks.

Thus far, the applicant, a former landscape service assistant, has been treated with the following: Analgesic medications; transfer of care to and from various providers and various specialties; psychological counseling; extensive periods of time off work, on total temporary disability; attorney representation.

In a prior progress note of June 24, 2013, it is stated that the applicant is off work. Applicant reports ongoing neck, shoulder, and low back pain, exacerbated by motion. It is stated that the applicant is smoking and using Motrin for pain relief. Applicant has not worked since October 2012 it is further noted. It is suggested that the applicant exhibits 5-/5 bilateral upper extremity strength in some sections of the report and 5/5 strength in other sections of the report with limited cervical range of motion appreciated.

It is stated that the applicant exhibits diarrhea/gastritis in conjunction with the usage of ibuprofen. The applicant is therefore asked to employ Prilosec in conjunction with the same.

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 Prilosec 20mg #90:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 22 and 68-69, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & cardiovascular risk, page 69, which is part of the MTUS.

Rationale for the Decision:

As noted on page 69 of the MTUS Chronic Pain Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, as is seemingly present here. The medical records reviewed indicate the employee described significant issues with diarrhea and gastritis on a recent progress note associated with the ongoing usage of NSAIDs. Given the chronicity of the employee's complaints and longstanding usage of NSAIDs, a 90 capsule supply of Prilosec does appear to be indicated here. **The request for Prilosec 20mg #90 is medically necessary and appropriate.**

2) Regarding the request for series of three C4-5 epidural steroid injections:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, page 46, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use of epidural steroid injections, page 46, which is part of the MTUS.

Rationale for the Decision:

As noted on page 46 of the MTUS Chronic Pain Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy. From the records submitted for review, there is no clear evidence of radiculopathy and/or associated radiographic or electrodiagnostic confirmation of the same. Rather, the employee's multifocal pain complaints about the neck, back, shoulder, etc., and attendant psychiatric issues suggested a nonfocal pain syndrome as opposed to any focal cervical radicular pathology. It is further noted that page 46 of the MTUS Chronic Pain Guidelines does not support a series of three injections in either the diagnostic or therapeutic phase of an injury, preferring instead to evaluate each injection in terms of functional improvement on its own merits. **The request for series of three C4-5 epidural steroid injections 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

/bh

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.