

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: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/26/2013
Date of Injury:	6/21/2002
IMR Application Received:	9/3/2013
MAXIMUS Case Number:	CM13-0019528

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one MRI is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Berberine 500mg is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/3/2013 disputing the Utilization Review Denial dated 8/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **one MRI** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Berberine 500mg** 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 Internal 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 patient is a 64 year old male with a date of injury of 6/21/2002. The patient is status post right coronary Cypher stenting in July 2005 and status post stenting of first diagonal in 2011. In the past, the patient has had stress tests and radionuclide stress test have not picked up on ischemia. The patient presented for re-evaluation on 8/8/2013 with [REDACTED], MD reporting compared to last visit he is now having exertional upper shoulder discomfort that is predictable and now occurring daily when he goes walking. He did not have this symptom, six months ago. Current medications include Cymbalta, Lisinopril 40 mg, Amlodipine 2.5 mg, Coreg 50 mg bid, Plavix 75 mg, Crestor 20 mg, WeiChol bid, Aspirin 81 mg, Spironolactone 25 mg. He is also complaining of back trouble with pain radiating down the upper thigh with a subjective loss of proprioception and strength in his feet. Examination findings included: blood pressure 111/71, pulse 52, weight 248, sclerae normal, carotid.

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 the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for one MRI:

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

The Claims Administrator did not use any evidence-based guidelines to base its decision.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg. 298, which is a part of MTUS. Additionally, the Expert Reviewer used Lumbar spine MRI for low back pain: indications and yield. Roudsari B, Jarvik JG. Source Department of Radiology, School of Medicine, University of Washington, Seattle, WA 98104-2499, USA., which is not part of the MTUS.

Rationale for the Decision:

The MTUS Guidelines indicate, “comfort is often a patient’s first concern. Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added. Comorbid conditions, side effects, cost, and provider and patient preferences guide the clinician’s choice of recommendations.” MRIs can be too sensitive for detecting degenerative changes and commonly displays pathology that is not necessarily responsible for the employee's symptoms. A review of the submitted medical records does not indicate an MRI is not medically necessary as an initial management option for low back pain as documented in this case. **The request for one MRI is not medically necessary and appropriate.**

2) Regarding the request for Berberine 500mg:

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 “The effects of berberine on blood lipids: a systemic review and meta-analysis of randomized controlled trials.”, Planta Med. 2013 Apr;79(6):437-46. doi:10.1055/s-0032-1328321. Epub 2013 Mar 19., which is not 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 on the Medline Plus-United States national Library of Medicine and National Insitute of Health.

Rationale for the Decision:

The Medline Plus indicate that clinical studies on a compound found in goldenseal, berberine, suggest that the compound may be beneficial for certain infections—such as those that cause some types of diarrhea, as well as some eye infections. However, goldenseal preparations contain only a small amount of berberine, so it is difficult to extend the evidence about the effectiveness of berberine to goldenseal. **The request for Berberine 500mg 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.