

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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Notice of Independent Medical Review Determination

Dated: 8/26/2013

[Redacted]

[Redacted]

[Redacted]

Employee:	[Redacted]
Claim Number:	[Redacted]
Date of UR Decision:	7/9/2013
Date of Injury:	7/3/2007
IMR Application Received:	7/15/2013
MAXIMUS Case Number:	CM13-0001562

- 1) MAXIMUS Federal Services, Inc. has determined the request for Saw Palmetto 450mg # 60 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 Saw Palmetto 450mg #60 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013.

"The patient is a 58-year-old male who sustained injury to his cervical spine, shoulder, and upper and lower extremities on 7/30/07 from strain and overwork. He is currently diagnosed with shoulder joint pain, bilateral carpal tunnel syndrome, lumbago, lumbar spinal stenosis, disc degeneration and neuritis, groin pain, and bilateral knee degenerative joint disease. A request for 60 capsules of Saw Palmetto 450 mg is made. The patient's history is significant for a small stroke in 11/2009. The patient had diagnostic studies including lumbar MRI on 10/10/07 and 5/5/08, left knee MRI on 9/8/08, right shoulder MRI on 10/29/08, right shoulder MR a11hrogram on 11/4/09, abdominal and lower extremity vascular exam on 6/10/10, cervical MRI on 7/27/11 and 10/9/12, unspecified right forearm1 imaging on 4/21/12, undated EMG, and cervical Hays (as per 6/6/13 progress report). He underwent multiple surgeries including arthroscopic left knee surgery on 2/27/09, right shoulder surgeries on 7/10/09 and 1/27/11, C5-6 and C6-7 anterior discectomy and fusion on 2/25/13, endoscopic right carpal tunnel release on 4/23/13, and endoscopic left ca1pal tunnel release on 6/4/13. Other treatments had included right wrist casting for fracture secondary to fall in 4/20/12, use of wrist brace/splints, ESI, heat/ice therapy, Physical therapy to treat lower urinary track symptoms."

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 for Independent Medical Review dated 7/15/2013
- Utilization Review Determination provided by [REDACTED] dated 7/09/2013
- Medical Records from 7/20/2012 through 7/22/2013

- American Urological Association Education and Research, Inc, Guideline on the management of benign prostatic hyperplasia (BPH), Linthium (MD): American Urological Association Education and Research, Inc 2010, page 34

1) Regarding the request for Saw Palmetto 450mg #60:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American Urological Association Education and Research, Inc., Guideline on the Management of Benign Prostatic Hyperplasia, 2010, page 34, which is a medical treatment guideline (MTG), cited in the National Guideline Clearinghouse (www.ngc.gov) and is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated no section of the MTUS is applicable and relevant to the issue at dispute. The Expert Reviewer determined that the guideline cited by the Claims Administrator is applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee injured the cervical spine, right shoulder, and upper and lower extremities on 7/30/2007. The employee has had MRIs to the left knee, right shoulder and cervical spine, an undated EMG, and multiple surgeries to date. Diagnoses include shoulder joint pain, bilateral carpal tunnel syndrome, lumbago, lumbar spinal stenosis, disc degeneration and neuritis, groin pain, and bilateral degenerative joint disease. The submitted records include a 4/12/2013 report by the primary treating physician, noting the employee developed urinary problems following cervical spine surgery. A request for Saw Palmetto, 450mg # 60 was submitted.

The American Urological Association Education and Research, Inc., Guideline on the Management of Benign Prostatic Hyperplasia, 2010, page 34, states that “the available data does not suggest that saw palmetto has a clinically meaningful effect on lower urinary tract symptoms.” The request for Saw Palmetto 450mg # 60 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;

Richard C. Weiss, MD, MPH, MMM, PMP
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.