

**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: 10/30/2013

[REDACTED]

[REDACTED]

|                           |              |
|---------------------------|--------------|
| Employee:                 | [REDACTED]   |
| Claim Number:             | [REDACTED]   |
| Date of UR Decision:      | 7/3/2013     |
| Date of Injury:           | 12/11/2008   |
| IMR Application Received: | 7/26/2013    |
| MAXIMUS Case Number:      | CM13-0003718 |

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI of the lumbar spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI of the left knee **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Zanaflex 4mg #90 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Xanax 0.5mg #60 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/2/2013. 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 MRI of the lumbar spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI of the left knee **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Prilosec 20mg #60 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for Zanaflex 4mg #90 **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for Xanax 0.5mg #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 Orthopedic Surgery, 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 3, 2013:

██████████ is a 39 year old female program technician for ██████████ with a date of injury of 12/11/2008. The mechanism of injury was not found in the medical records provided for this review. Internal organs, left foot, and left ankle have been accepted as injured body parts by the carrier. Treatment has included several surgeries for the left foot/ankle including open reduction and internal fixation, hardware removal, and lateral ligament reconstruction. She is currently working modified duty.

## **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 from Claim Administrator
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for MRI of the lumbar spine:**

#### 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 American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 12, Low Back Complaints, pg. 309, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

The employee reported a work related injury on 12/11/2008 as the result of being struck by a motor vehicle. The employee was accidentally ran over on the left foot/ankle. The request is for a MRI of the lumbar spine.

ACOEM guidelines indicate, "Unequivocal findings that identify specific nerve compromise on neurological exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear; however, further physiological evidence of nerve dysfunction can be obtained before or during an imaging study." Medical records submitted and reviewed indicate no evidence of any objective lumbar neurological deficits, no plain view x-rays of the employee's lumbar spine had been performed, and no conservative treatments for the employee at recent onset of lumbar spine pain complaints. The records lack documentation that the employee was referred for physiotherapy, or completion of any active treatment modalities. The guideline criteria have not been met. **The request for MRI of the lumbar spine is not medically necessary and appropriate.**

### **2) Regarding the request for MRI of the left knee:**

#### 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 American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 13, Knee Complaints, pg. 350, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee reported a work related injury on 12/11/2008 as the result of being struck by a motor vehicle. The employee was accidentally ran over on the left foot/ankle. The request is for a MRI of the left knee.

ACOEM guidelines support MRI of the knee with subjective complaints of locking or catching of the knee or with objective evidence of ligament injury on physical exam. Medical records submitted and reviewed lack documentation of objective findings of symptomatology or ligament injury. The guideline criteria have not been met. **The request for a MRI of the left knee is not medically necessary and appropriate.**

**3) Regarding the request for Prilosec 20mg #60:**

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 Medical Treatment Guidelines (2009), NSAIDs, GI symptoms & cardiovascular risk, pg. 68, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 68-69.

Rationale for the Decision:

The employee reported a work related injury on 12/11/2008 as the result of being struck by a motor vehicle. The employee was accidentally ran over on the left foot/ankle. The request is for Prilosec 20mg #60.

Chronic Pain Medical Treatment Guidelines indicate Prilosec is recommended for patients at immediate intermediate risk for gastrointestinal events and no cardiovascular disease who utilized a nonselective NSAID with either a PPI or a COX-2 selective agent. Medical records submitted and reviewed indicate the employee has been utilizing Prilosec since May with no documented gastrointestinal complaints. The guideline criteria have not been met. **The request for Prilosec 20mg #60 is not medically necessary and appropriate.**

**4) Regarding the request for Zanaflex 4mg #90:**

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 Medical Treatment Guidelines (2009), Muscle relaxants (for pain), pg. 63, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 66.

Rationale for the Decision:

The employee reported a work related injury on 12/11/2008 as the result of being struck by a motor vehicle. The employee was accidentally ran over on the left foot/ankle. The request is for Zanaflex 4mg #90.

Chronic Pain Medical Treatment guidelines indicate that Tizanidine (Zanaflex®, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. In most low back pain cases, this medication shows no benefit beyond NSAIDs in pain and over all improvement. **The request for Zanaflex 4mg #90 is not medically necessary and appropriate.**

**5) Regarding the request for Xanax 0.5mg #60:**

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 Medical Treatment Guidelines (2009), Benzodiazepines, pg. 24, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee reported a work related injury on 12/11/2008 as the result of being struck by a motor vehicle. The employee was accidentally ran over on the left foot/ankle. The request is for Xanax 0.5mg #60.

Chronic Pain Medical Treatment guidelines indicate "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." Furthermore, most guidelines limit use of benzodiazepines to 4 weeks. A more appropriate treatment for an anxiety disorder is an antidepressant, as the medical records submitted and reviewed evidence the employee was to utilize Zanaflex for anxiety. **The request for Xanax 0.5mg #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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/ldh

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.