

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/13/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	9/29/2010
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006469

- 1) MAXIMUS Federal Services, Inc. has determined the request for **outpatient referral to Alu Najafi MD for reevaluation is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Protonix 20mg #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. 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 referral to Alu Najafi MD for reevaluation is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Protonix 20mg #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 Anesthesiology and Pain Management, has a subspecialty in Acupuncture 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:

Patient is diagnosed with Lumbosacral Neuritis NOS, and a date of injury of 9/29/2010. The UR was performed on 7/17/13.

The disputes at hand are whether the outpatient referral to [REDACTED] MD for reevaluation is/are medically necessary and appropriate and whether the Protonix 20mg #60 is/are medically necessary and appropriate.

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 referral to Alu Najafi MD for reevaluation:**

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 ACOEM guidelines, Chapter 5 which is not part of the MTUS, and ACOEM guidelines, Chapter 7, page 127, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Surgical Considerations, page 305, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain guidelines indicate that referral for surgical consultation is indicated for those that have (1) severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. (2) activity limitation due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, (3) Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both short and long term from surgical repair, and (4) failure of conservative treatment to resolve disabling radicular symptoms. According to the records submitted for review the employee has weakness and clonus which meets the criteria for medical necessity. **The request for outpatient referral to Alu Najafi, MD for reevaluation is medically necessary and appropriate.**

Regarding the request for Protonix 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 Official Disability Guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms, and Cardiovascular Risk, page 68, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines indicate that Protonix (a proton pump inhibitor) is used when there is risk of GI complications. The records submitted for review do not document any GI risk factors as defined in the MTUS citation. The criteria for utilizing the requested medication has not been met. **The request for Protonix 20mg #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,

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.