

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/7/2013
Date of Injury:	3/22/2013
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006611

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Magnesium capsule 400mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one (1) Kenalog and Marcaine injection is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 **Magnesium capsule 400mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **one (1) Kenalog and Marcaine injection 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 Physical Medicine and Rehabilitation, 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 61-year-old male who reported injury on 03/22/2004 with a mechanism of injury that was not provided. The patient is noted to have spasms in the cervical paraspinal muscles with tenderness and limitation to range of motion with flexion and extension. The patient is noted to have suboccipital tenderness bilaterally. The patient is noted to have 5/5 motor strength and 2+ reflexes which are symmetrical. The patient's diagnosis are stated to be Low Back Pain, Knee Pain and Headaches. The treatment plan was noted to be Continue Ultram, Quinine Sulfate Capsule, Norflex, Vicodin, Baclofen, Butrans Patch, Start Magnesium and a Kenalog Injection.

### 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 Magnesium capsule 400mg:**

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 Katzberg HD, Khan AH, So YT. Assessment: symptomatic treatment for muscle cramps (an evidence - based review): report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. Neurology 2010 Feb 23;74(8):691-6, which is not part of the MTUS.

The Expert Reviewer based his/her decision on Garrison, S. R., Allan, G. M., Sekhon, R. K., Musini, V. M., & Khan, K. M. (2011). Magnesium for muscle cramps. Health, which is not part of the MTUS

Rationale for the Decision:

In a study per Garrison, S. R., Allan, G. M., Sekhon, R. K., Musini, V. M., and Khan, K. M., magnesium for muscle cramps, it was stated that “the four studies in older adults suggest that magnesium is unlikely to provide meaningful benefit in reducing the frequency or severity of cramps in the older population.” The clinical documentation submitted for review indicates the employee has muscle cramps and that the physician is noted to have prescribed magnesium for the cramps; however, it fails to provide the response of the employee to the prescribed magnesium. **The request for Magnesium capsule 400mg is not medically necessary and appropriate.**

**2) Regarding the request for one (1) Kenalog and Marcaine injection:**

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), Knee Complaints, Chapter 13, pg. 339, 346, which are part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Knee Complaints, page 337, which is part of the MTUS, and the Official Disability Guidelines (ODG), Knee & Leg Chapter, Corticosteroid injections, which is not part of the MTUS.

Rationale for the Decision:

ACOEM Guidelines state that cortisone injections are not routinely indicated. A secondary source Official Disability Guidelines (ODG) recommend corticosteroid injections for documented systematic severe osteoarthritis of the knee according to the American College of Rheumatology criteria and it requires documented knee pain that is not controlled adequately by recommended conservative treatment and that pain interferes with functional activities. The clinical documentation submitted for review fails to indicate the employee has knee pain. It indicates the employee has difficulty walking, however on the date of examination, the employee was noted to be complaining of low back pain. Clinical documentation fails to provide exceptional factors to warrant non-adherence to guideline recommendations. **The request for one (1) Kenalog and Marcaine injection 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, 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.