MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

1) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of lumbar spine requested **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the physical therapy for low back (eight sessions) requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/12/2013 disputing the Utilization Review Denial dated 4/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/26/2013. 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 magnetic resonance imaging (MRI) of lumbar spine requested **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the physical therapy for low back (eight sessions) requested **is not medically necessary and appropriate.**

Medical Qualifications of the Professional 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 professional 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 April 8, 2013.

"This 23 year old claimant is treating for myofascial low back pain. It is noted that the claimant is in the 25th week of an uncomplicated pregnancy. The claimant has completed 6 physical therapy treatments without significant improvement and there is now a request for an additional course of physical therapy. However, no documentation of medical necessity or clinical efficacy of the proposed treatment, supported by high-quality scientific evidence-based guidelines, has been submitted to justify this request."

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 4/12/2013
- Utilization Review Determination provided by [redacted] dated 4/08/2013
- Medical Records provided by [redacted] dated 2/05/2013
- Medical Records provided by [redacted] dated 2/07/2013 through 3/11/2013
- Medical Records provided by [redacted] dated 3/05/2013 through 3/25/2013

- Medical Records provided by [redacted], MD dated 3/26/2013
- American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, 2004, Low Back Complaints, pages 208-209
- Official Disability Guidelines (2009), Low Back Section, Magnetic Resonance Imaging (MRI)

1) **Regarding the request for magnetic resonance imaging (MRI) of lumbar spine:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, 2004 – Low Back Complaints Chapter, MRI Section and Official Disability Guidelines (ODG) (2009) – Low Back Section, MRI Subsection, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee experienced left groin pain with later development of left buttock pain. The employee has no focal neurological deficit on physical examination. There is no specific nerve compromise on the neurologic examination.

ACOEM – Low Back Complaints Chapter, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disc bulges that are not the source of the painful symptoms do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (MRI for neural or other soft tissue)."

The medical records received did not show objective evidence of focal weakness or neurologic dysfunction. The employee's symptoms, absent evidence of specific nerve compromise, are insufficient evidence to warrant an MRI of the lumbar spine. The MRI of lumbar spine requested is not medically necessary and appropriate.

2) **Regarding the request for physical therapy for low back (eight sessions):**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition,

2004 – Low Back Complaints Chapter, Physical Therapy Section (pages 299-300), of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee experienced left groin pain with later development of left buttock pain. The employee has no focal neurological deficit on physical examination. She experienced left groin pain with later development of left buttock pain. The guidelines suggest several home-based before physical therapy.

ACOEM – Low Back, page 299 provides guidance. ACOEM recommends that for the control of low back complaints, the following methods be employed (see Table 12-5, page 299): 1) Adjustment of modification of workstation, job tasks, or work hours and methods; 2) stretching; 3) specific low back exercised for range of motion and strengthening; 4) at home local application of cold in the first few days of an acute complaint, thereafter, application of heat and cold; 5) relaxation techniques; 6) aerobic exercise; and 7) 1-2 visits for education, counseling and evaluation of home exercise for range of motion and strengthening.

There is no unequivocal evidence of neurologic compromise documented to justify the request for physical therapy. The medical records received do not show that the employee has attempted and failed the methods suggested in ACOEM. The physical therapy for low back (8 sessions) 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.