

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 7/24/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI of the lumbar and/or sacral vertebrae (NOC trunk) **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/17/2013 disputing the Utilization Review Denial dated 4/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/25/2013. 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 and/or sacral vertebrae (NOC trunk) **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 Occupational 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 April 2, 2013.

No clinical summary was included in the Utilization Review Non-Certification report dated 4/2/13. Therefore, the clinical summary was taken from the Utilization Review Report dated 4/15/13.

“CLINICAL SUMMARY: The patient reported an industrial injury on 2/22/2013; six (6) weeks ago attributed to the performance of his job tasks.

“The DFR was dated 2/25/2013 and diagnosed the patient with lumbar spine sprain/strain and paraspinous spasm.

“The PR-2 dated 3/20/2013 by [REDACTED] MD reported that the patient complained of low back pain. Pt was lifting a 45 lb tray, felt a sharp pain in his back, went to [REDACTED] ER, given IM morphine, was prescribed Medrol dose Pak and Vicodin. Pt states continues to have pain in low back, worse with all movements (standing, walking, sitting), radiates into bilateral thighs. No numbness or tingling, no BIB incontinence. Pain continues at a 6110, notices pain when working for more than 90 minutes, now radiating to me backs of bilateral legs and calves. No numbness or tingling. All complaints unchanged. The objective findings on examination included "Lumbar spine+ TTP LJ-4, bilateral paraspinous muscles with spasm, limited forward flexion 2/2 pain, other ROM intact (+) SLR bilateral; NV intact." The diagnoses were Lumbar strain/sprain; Paraspinous spasm; Lumbar radiculopathy. The treatment plan included a MRI of the lumbar spine.

“The faxed request for authorization from Dr. [REDACTED] was dated 3/20/2013 and requested a MRI of the lumbar spine for the diagnosis lumbar strain/radiculopathy. The peer review UR determination dated 4/11/2013 by [REDACTED] noncertified the request for a MRI of the lumbar spine.

“The PR-2 dated 3/27/2013 by Dr. [REDACTED] reported that the patient complained of back pain. Patient was lifting a 45 lb tray, felt a sharp pain in his back, went to [REDACTED] ER, given 1M morphine, and was prescribed Medrol dose Pak and Vicodin. Pt states continues to have pain in low back, worse with all movements (standing, walking, sitting), radiates into bilateral thighs. No numbness or tingling, no *B/B* incontinence. Pain continues at a 6/10, notices pain when working for more than 90 minutes, now radiating to the backs of bilateral legs and calves. No numbness or tingling. All complaints unchanged. The objective findings on examination included: Lumbar spine+ TTP L3-4, bilateral paraspinous muscles with spasm, limited forward flexion 2/2 pain, other ROM intact (+) SLR bilateral. NV intact. The diagnoses were Lumbar strain/sprain; Paraspinous spasm; Lumbar radiculopathy. The treatment plan included Tens unit for home use.”

#### **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 (received 4/17/13)
- Utilization Review Determination from [REDACTED] (dated 4/2/13)
- Utilization Review Determination (outpatient) from [REDACTED] (dated 4/15/13)
- Utilization Review Determination from [REDACTED] (dated 4/15/13)
- Medical records requested were not timely submitted for this review.

#### **1) Regarding the request for MRI of the lumbar and/or sacral vertebrae (NOC trunk) :**

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

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), but did not provide reference for specific guidelines used in the determination. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Low Back Complaints, Chapter 12, part of the MTUS were relevant and appropriate for the employee’s clinical circumstance.

##### Rationale for the Decision:

Requested medical records were not timely submitted for this review. Clinical information was taken from the Utilization Review Report dated 4/15/13. On 2/22/13, the employee sustained a work related injury resulting in lumbar spine sprain/strain and paraspinous spasm. Treatment consisted of prescribed

analgesics and steroids. An MRI of the lumbar spine was requested for the diagnosis of lumbar strain/radiculopathy.

The clinical information from the Utilization Review Report dated 4/15/13 supports the diagnoses of lumbar strain/sprain, paraspinous spasm and lumbar radiculopathy. ACOEM guidelines recommend MRI for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement. This option should not be considered before 3 months and only after other treatment modalities (including NSAIDs, aerobic exercise, other exercise, and considerations for manipulation and acupuncture) have failed. The clinical summary highlights the treatment with prescribed analgesics and steroids, but does not state if other treatment modalities have been explored. The request for MRI of the lumbar and/or sacral vertebrae (NOC trunk) 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

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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.