

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of lumbar spine without contrast requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/22/2013 disputing the Utilization Review Denial dated 4/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/22/2013. 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 without contrast 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 Family 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 13, 2013.

“DECISION/CLINICALRATIONALE AS STATED IN THE PEER REVIEWER'S REPORT: Per Peer Reviewer's Report: REQUEST: Prospective request for MRI of the lumbar spine without contrast, non-certified per peer review. SUMMARY OF TREATMENT/CASE HISTORY: According to available documentation, [REDACTED] was involved in an industrial-related incident on 02/27/13. The patient is being treated for complaints of pain in the neck and low back. Records indicate he has been treated with physical therapy, medications, and modified duty. The patient was most recently seen for a re-evaluation with Dr. [REDACTED] on 04/05/13. He reported he felt his condition was the same. The patient reported treatment was tolerated. Current complaint noted neck and low back pain. Physical examination indicated normal gait, full weight-bearing on both lower extremities, normal posture, and no weakness of the lower extremities. The patient had normal reflexes, sensation intact, negative Straight Leg Raise, and no indication of motor deficits. Diagnosis was low back pain, pain in limb, and shoulder sprain/strain. Treatment recommendation was for modified duty, home exercises, continue medication, and await MRI and PM&R evaluation. The request is for MRI of the lumbar spine without contrast. Adverse determination is recommended. A non-certification disclaimer and appeals process has been issued. EXPLANATION OF FINDINGS: In my judgment, the clinical information provided does not establish the medical necessity of this request. The ACOEM Guidelines, Low Back Disorder Chapter states MRI is recommended for patients with acute low back pain during the first six weeks if they have demonstrated progressive neurologic deficit, cauda equine syndrome, significant trauma with no improvement in atypical symptoms, a history of neoplasia (cancer), or other atypical presentation (e.g., clinical picture suggests multiple nerve root involvement). MRI is moderately recommended for patients with subacute or

chronic radicular pain syndromes lasting at least four to six weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming MRI confirms ongoing nerve root compression. MRI is recommended as an option for the evaluation of select chronic low back pain patients in order to rule out concurrent pathology unrelated to the injury. This option should not be considered before three months and only after other treatment modalities (including NSAIDs, aerobic exercise, other exercise, and considerations for manipulation and acupuncture) have failed. This patient has ongoing low back pain complaints; however, there are no red flags on examination, no indication of progressive neurologic deficit or findings suggestive of multiple nerve root involvement. This patient would not meet criteria for prompt surgical treatment. Given lack of significant findings on examination, medical necessity has not been established for an MRI of the lumbar spine.”

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
- Utilization Review Letter by [REDACTED] (dated 4/13/13)
- Utilization Review Letter by [REDACTED] (dated 5/21/13)
- Physician Review Recommendation by [REDACTED] (dated 5/20/13)
- Employee’s Medical Records by [REDACTED] (dated 5/13/13)
- Employee’s Medical Records by [REDACTED] (dated 2/28/13 through 4/30/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Chapter 12: Low Back Disorder (page 303-305)

1) Regarding the request for magnetic resonance imaging (MRI) of lumbar spine without contrast:

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

The Claims Administrator based its decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, page 303). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee was injured on 2/27/2013 and experienced pain in the neck and low back. The employee’s medical records received and reviewed showed evidence of an acute lumbar sprain. ACOEM states that an MRI is recommended for patients with acute back pain during the first 6 weeks if they have demonstrated any of the following: progressive neurological deficit; cauda equina syndrome; significant trauma with no improvement in atypical symptoms;

history of cancer; or other atypical presentation. The records indicated the employee is still in recovery but his condition has not worsened. There is no evidence of radiculopathy that would require further intervention at this time. The requested MRI of lumbar spine without contrast 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

/dj

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.