

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/6/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

4/29/2013

Date of Injury:

2/16/2013

IMR Application Received:

5/13/2013

MAXIMUS Case Number:

CM13-0000347

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI Lumbar Spine is not **medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI Right Ankle is **medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for EMG/NCV is **medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/13/2013 disputing the Utilization Review Denial dated 4/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. 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 Lumbar Spine is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI Right Ankle is **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for EMG/NCV is **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 Preventative Medicine and 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.

### Expert Reviewer Case Summary:

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and ankle pain reportedly associated with an industrial injury of February 16, 2013.

Thus far, the applicant has been treated with the following: Analgesic medications; crutches; an ankle brace; transfer of care to and from various providers in various specialties; electrodiagnostic testing of May 15, 2013, interpreted as showing right-sided L5 radiculopathy; MRI imaging of the ankle of May 2, 2013, notable for partial thickness ligamentous tear; negative MRI of the lumbar spine on May 2, 2013; and extensive periods of time off of work.

In a utilization review report of April 29, 2013, the claims administrator denied a request for electrodiagnostic testing of the lower extremities and MRI imaging of various body parts. The applicant subsequently appealed. It appears the applicant has been given work restrictions which do not appear to have been accommodated by the employer. An April 23, 2013 progress note is notable for comments that the applicant reports low back pain radiating to the right lower extremity. The applicant uses a cane and is limping, it is stated. He also reports sharp pain about the ankle. The applicant exhibits tenderness about the ankle joint with associated guarding appreciated. The applicant exhibits 4/5 strength. It is stated, somewhat incongruously, in another section of the report, that the applicant has a non-antalgic gait. Recommendations are made for the applicant to employ TENS unit, obtain MRI imaging, obtain electrodiagnostic testing, and continue work restrictions.

**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:



**1) Regarding the request for MRI Lumbar Spine:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision MTUS (low back), which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) Special Studies, pg. 341, which is a part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM guidelines in chapter 12, unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in applicants who did not respond to treatment and would consider surgery an option that were it offered to them. A review of the records indicates that in this case, it was not clearly stated that the employee would, in fact, consider surgical remedy were it offered to employee. It is further noted there was no unequivocal evidence of neurologic compromise noted on the office visit in question. Rather, the employee’s multifocal low back and right ankle pain caused some lack of diagnostic clarity and cast some doubt on the presence of neurologic symptoms emanating from low back pain. Therefore, the original utilization review decision is upheld. **The request for MRI Lumbar Spine is not medically necessary and appropriate.**

**2) Regarding the request for MRI Right Ankle:**

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 MTUS-(ankle/foot), Treatment Guidelines, which is a part of the MTUS. part of MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 14) Special Studies, pg. 372, which is a part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM guidelines in chapter 14, MRI imaging may be helpful to clarify diagnosis of delayed recovery such as osteochondritis desiccant in those individuals who fail to respond to conservative treatment with time, medications, and physical therapy. A review of the records indicates in this case, the employee did, indeed, failed to respond favorably with time, medications, and physical therapy, and was reporting heightened symptomatology of two month mark of the date of injury. Obtaining MRI imaging to clarify the diagnosis was indicated. Accordingly, the request is retrospectively certified. **The request for MRI Right Ankle is medically necessary and appropriate.**

**3) Regarding the request for EMG/NCV:**

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 MTUS (low back and ankle/foot) Treatment Guidelines, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) Special Studies, pg. 341-343, which is a part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM guidelines in Chapter 12, electro diagnostic testing may be used to identify subtle, focal neurologic dysfunction in applicants with low back symptoms that persists for greater than three to four weeks. It is further noted that ACOEM does endorse electro diagnostic testing in those individuals in whom there is some doubt as to the source of neurologic dysfunction. A review of the records indicates, in this case, the employee's multifocal ankle pain superimposed on the low back pain radiating to the leg did make the case for electro diagnostic testing to help shed clarity on the diagnostic picture, as suggested by ACOEM. Therefore, the original utilization review decision is overturned. **The request for EMG/NCV is 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:

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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.