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

Notice of Independent Medical Review Determination

Dated: 11/6/2013

Employee:	
Claim Number:	
Date of UR Decision:	5/21/2013
Date of Injury:	2/27/2013
IMR Application Received:	5/31/2013
MAXIMUS Case Number:	CM13-0000530

1) MAXIMUS Federal Services, Inc. has determined the request for Magnetic Resonance (EG Proton) Imaging, spinal canal and contents, lumbar; without contrast material **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/31/2013 disputing the Utilization Review Denial dated 5/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 Magnetic Resonance (EG Proton) Imaging, spinal canal and contents, lumbar; without contrast material **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:
This 53 year old male described chronic pain in the right calf, both shoulders, and back due to repetitive pulling and pushing of heavy pallets while at work over the years. The injury was aggravated while pulling a heavy pallet of product at work. In the Doctor's First Report of Occupational Injury, the pain is rated a 6 out of 10. The injured worker denied look focal weakness or radicular symptoms. Physical examination reels that the biceps, brachioradialis, and tricep deep tendon reflexes are 4 of 4 in the bilateral upper extremities. Sensation is intact to light touch in both upper extremities. Other pertinent examination findings include tenderness to palpation diffusely in the lumbar spine, but full range of mtion. There is no documentation in the doctor's first report of occupational injury of a neurological examination consisting of sensory or manual muscle testing of the lower extremities. A subsequent examination from a progress note on date of service 5/13/2013 indicates that the patient has straight leg raise that is negative. Sensory, motor, and reflex testing was noted to be within normal limits. Gait exam demonstrates favoring the right leg. Lumbar range of motion is "good." Further progress notes do not demonstrate any neurologic findings.

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** Magnetic Resonance (EG Proton) Imaging, spinal canal and contents, lumbar; without contrast material**:**

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, 2nd Edition, (2004), Chapter 12, Low Back, page 303, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, page 303, which is part of the MTUS.

Rationale for the Decision:
The ACOEM Guidelines state, "Red flag diagnoses where plain film radiographs are negative or unequivocal objective findings that identify specific nerve compromise on the neurologic examination that do not respond to treatment in patients who would consider surgery. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." There is no documentation in the records provided of an examination demonstrating specific nerve compromise; this is an explicit criteria mentioned in the guidelines. The guidelines further specify that for cases in which nerve dysfunction is equivocal or less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering in imaging studies. Given the lack of documentation of specific nerve compromise, the request is not in accordance with guideline recommendations. **The request for Magnetic Resonance (EG Proton) Imaging, Spinal Canal and Contents, Lumbar; without contrast material 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, 18th Floor
Oakland, CA 94612

/db

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.