

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(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 requested magnetic resonance imaging (MRI) of lumbar spine **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/7/2013 disputing the Utilization Review Denial dated 6/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/10/2013. 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 requested magnetic resonance imaging (MRI) of lumbar spine **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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the Company Medical Record by [REDACTED] dated April 29, 2013.

#### History of Present Illness:

Patient came in for a follow-up of back pain in the left lower back which was originally seen on 2/14/2013. Original onset was Wed, Feb 13, 2013. Their last follow-up visit for this was on 4/22/2013. The patient describes the severity as 5/10, with 10 being the worst imaginable, which has worsened since last visit when it was 4/10. The patient also reports joint pain as an abnormal symptom related to the complaint. The patient reports it was the result of an injury, which was work related, which had a sudden onset. The patient had no similar problems in the past. This is not the result of a motor vehicle accident. The patient reports that the pain radiates to the left lower extremity. 29 yr old male states he was lifting boxing inside of his truck yesterday morning around 6:30am. He twisted to the left and felt his back give out. Now he has a sharp pain in his left lower back area that radiates to his left leg. He feels better when he lays down. Hurts the most when he is sitting. EL

Interval History: Patient states pain is not as bad as it was before. It is about a 5/10. He does think that additional PT may help with this. Patient is ready to start process towards being released to full duty. Temp 97.9 SY Only using 1 Tramadol rarely. sz

Information relevant to the injury or illness is included in the above history. Some aspects of the patient's past medical, family, social history and review of systems may be deemed unrelated to the injury or illness and may be withheld from this transmittal in order to protect patient privacy and comply with need-to-know requirements of medical communications.

### 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 Documentation by [REDACTED] (dated 5/31/13 and 6/3/13)
- Employee's Physical Therapy Note by [REDACTED] (dated 2/18/13)
- Employee's CT Report by [REDACTED] (dated 4/24/13)
- Employee's Medical Records by [REDACTED] (dated 2/14/13 through 6/11/13)

- American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004) – Chapter 12: Low Back Complaints, pages 303-305
- Official Disability Guidelines (ODG) – Low Back Chapter: MRI Section

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

Medical Treatment Guideline(s) 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 (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004) – Chapter 12: Low Back Complaints, pages 303-305, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Low Back Chapter: MRI Section, which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 2/13/2013 and experienced left-side lower back pain and joint pain. ACOEM – Chapter 12 (page 303) notes that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ACOEM further states that if physiologic evidence indicates tissue insult or nerve impairment, treatment options include MRI for soft tissue and computer tomography (CT) scan for bony structures.

The employee's medical records show that a lumbar CT scan was performed on 4/24/13, which showed a bulging disc at L5/S1. A work status note dated 6/10/13 showed the provider suspected possible bone healing (stress fracture). ACOEM suggests CT scans for bony structures and the employee has already had a CT scan. A lumbar MRI would not alter the treatment of the patient. Also, the employee has normal neurologic examination. The requested MRI of lumbar spine 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.