

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/30/2013
Date of Injury:	2/25/2013
IMR Application Received:	6/13/2013
MAXIMUS Case Number:	CM13-0000680

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI lumbar spine is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/13/2013 disputing the Utilization Review Denial dated 5/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/15/2013. 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 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 Preventive 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:

CLAIMANT: [REDACTED]-IMR

CLINICAL SUMMARY: All medical, insurance, and administrative records provided were reviewed.

SUMMARY OF RECORDS: The applicant, Ms. [REDACTED], is a [REDACTED] [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of February 25, 2013.

Thus far, the applicant has been treated with the following: Analgesic medications, at least eight sessions of physical therapy; at least eight sessions of acupuncture; TENS unit; bilateral facet blocks on June 21, 2013; prior lumbar discectomy at L4-L5 and L5-S1 on June 21, 2013; extensive periods of time off of work, on total temporary disability.

Specifically reviewed is a May 22, 2013 utilization review report, in which an MRI of the lumbar spine is denied on the ground that the applicant has had two prior lumbar MRIs.

The utilization review report notes that the applicant reports reduced muscle strength about the left lower extremity.

A prior MRI report of March 16, 2013 is notable for moderate-to-sever neural foraminal narrowing at L3-L4 associated with disc protrusion. There is evidence of previous laminectomy on July 5, 2012.

A later MRI of June 4, 2013 is notable for evidence of significant disc bulging and neural foraminal stenosis at L3-L4 with mild-to-moderate spinal stenosis and L5 nerve root compression also appreciated. A June 4, 2013 progress note is notable for the

comments that the applicant is stumbling owing to weakness and reporting continued low back pain radiating to the thighs.

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 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 on the ACOEM, Low Back Chapter, pgs 303-304, which is part of MTUS, and ODG, Low Back Chapter, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 308, Table 12-8, which is part of MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM guidelines in chapter 12, table 12-8, MRIs are the study of choice for individuals with prior spine surgery. In this case, the employee had had prior spine surgery in July 2012. The employee continued to present with ongoing radicular complaints, failed to progress with conservative treatment, and continued to report lower extremity weakness. Exhibiting signs of neurologic compromise on exam. The employee was a candidate for further spine surgery and ultimately did undergo repeat spine surgery, also in June 2013. As further suggested in ACOEM chapter 12, evidence of neurologic compromise is sufficient evidence to warrant imaging studies in individuals who we would consider surgical intervention were it offered to them. In this case, the employee did ultimately undergo surgical intervention. **The request for MRI lumbar spine 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: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/skf

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.