MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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Your request for an independent medical review of the utilization review denial/modification has been completed and the utilization review denial is **upheld**.

The relevant documents received from all interested parties were reviewed and considered. The decision was made by an independent, actively-practicing, professional reviewer, who was selected based on 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. The professional reviewer is a(n) M.D. licensed to practice in the State of California.

MAXIMUS Federal Services, Inc. is the Independent Medical Review Organization assigned by the California Department of Industrial Relations, Division of Workers' Compensation to your case.

DECISION AND RATIONALE

Issue at Dispute:
Whether Magnetic Resonance Imaging of the lumbar spine, without contrast, is/are medically necessary.

Case Summary:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated February 22, 2013

"[Employee] is a 47-year-old worker who had been involved in a 01/04/13 industrial related incident. The patient was first seen by [the requesting provider] and then was seen by this provider on 02/13/13 and the doctor's PR-2 identified on examination left paravertebral, sacroiliac, moderate left groin inguinal region tenderness to palpation, strength 4+/5 left hip flexors, sensation decreased to light touch left L2-3, reflexes normal, negative compression test, positive left FABER. EXPLANATION OF FINDINGS: According to ACOEM Guidelines, lumbar MRI would be recommended after four to six weeks of conservative treatment unless compression or progressive at multiple levels for root compression with radiculopathy. The patient has not had any conservative treatment as of yet and therefore would not meet this guideline. In regards to the hip MRI, it is recommended for selected patients with subacute or chronic hip pain with consideration of accompanying soft tissue pathology or other diagnostic concerns. The submitted documentation did not identify any consideration for accompanying soft tissue pathology or other diagnostic concerns to support this request."

Documents Reviewed for Determination:

- Application for IMR
- Utilization Review by [redacted] (dated 2/22/13)
- Pre-Authorization Review by [redacted] (dated 2/20/13)
- Appeal Response by [redacted] (dated 1/30/13)
- Employee's Diagnostic Imaging Report from [redacted] (dated 3/8/13)
- Request for Authorization by [redacted] (dated 2/13/13)
- Employee's Medical Records by [redacted] (dated 1/4/13 through 2/13/13

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on American Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition 2004, page(s) 308-310. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the evidence-based criteria used by the Claims Administrator appropriate for the clinical circumstance.

Rationale for the Decision:
The patient had onset of low back pain and left hip pain in the summer of 2012. The pain has become worse over time. At the time of the medical records I reviewed, the patient had had low back pain and left lower extremity pain in the L1, 2, and 3 nerve root distribution pattern for greater than 6 weeks. Physical findings included some weakness and some decreased deep tendon reflexes consistent with radicular findings in the same distribution of the pain. Plain xrays of the lumber spine showed showed disc space narrowing at L2-3. MRI of the lumbar spine is medically necessary and appropriate.

The determination of MAXIMUS Federal Services and the independently-subcontracted, medical professional reviewer is deemed to be the final determination of the Administrative Director of the Division of Workers' Compensation.

However, 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 aggrieved employee or the aggrieved 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

cc: [redacted]