

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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April 22, 2013

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[REDACTED]

Your request for an Independent Medical Review has been completed. The Utilization Review Denial/Modification February 12, 2013 has been **upheld**.

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 Radiology 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 professional 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.

A request for a standard Independent Medical Review was filed with the Administrative Director, Division of Workers' Compensation. The case was assigned to MAXIMUS Federal Services as the designated Independent Medical Review Organization.

## DECISION AND RATIONALE

### Issue at Dispute:

Whether an MRI of the lumbar and thoracic spine without contrast is/are medically necessary.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated 02/13/2013.

"This is a patient with a reported date of injury on 01/22/13. There are no neurological deficits on the physical exam. There is a complaint of back and thoracic pain. EXPLANATION OF FINDINGS: ACOEM guidelines state: MRI: Not recommended for Acute Low Back Pain (Moderate Evidence (B)) MRI imaging is not recommended before 1 month in absence of red flags. MRI Imaging is recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The patient does not have any red flags and one month of pain has not passed. There is a lack of medical rationale for this patient to be an outlier and the request is not medically necessary."

Disclaimer: The following case summary was taken directly from the utilization internal appeal review denial/modification dated 02/22/2013.

"The claimant is being treated for back complaints that have been present for over 10 years. He reports chronic but intermittent dull pain. There is no information about a specific injury on 01/22/13. He reports no radicular symptoms or weakness and has chronic numbness in his left anterior thigh. On 01/24/13, his thigh sensation was decreased but on 02/05/13, he had no focal neurologic deficits and he was improving, but more slowly than expected. His sensation was intact on that date. Chiropractic treatment and MRI's were ordered. EXPLANATION OF FINDINGS: The history and documentation do not objectively support the request for MRI's of the lumbar and thoracic spines at this time. There is no evidence of a trial and failure of a reasonable course of conservative care and the claimant has reported some improvement though it has been slow. There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. The physical exam on 02/05/13 was unremarkable. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request has not been clearly demonstrated."

### Documents Reviewed for Determination:

The interested parties were notified that the review was assigned on a standard basis. The relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- A. Application for IMR
- B. Utilization Review conducted by [REDACTED] (dated 2/13/2013)

- C. Pre-Authorization Review conducted by [REDACTED] (dated 2/12/2013)
- D. Utilization Review conducted by [REDACTED] (dated 2/22/2013)
- E. Pre-Authorization Review conducted by [REDACTED] (dated 2/21/2013)
- F. Employee's Medical Records from [REDACTED] (1/24/13 dated to 2/27/13)
- G. ACOEM Chapter 12 Low Back MRI, p. 303-305 (2004)
- H. ACOEM Chapter 8 Neck and Upper Back MRI, p. 177 (2004)
- I. Acute Low Back Pain (Moderate Evidence (B))

**Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:**

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 3<sup>rd</sup> Addition, 2004 guidelines. The provider did not dispute the guidelines used by the Claims Administrator. I found the evidence-based criteria used by the Claims Administrator appropriate for your clinical circumstance.

**Rationale for the Decision:**

The patient has a 10 year history of low back pain. He presents with pain and mild left anterior thigh numbness. Reflexes are normal and there are no red flags to indicate immediate imaging. Chiropractic treatment has shown some but slow improvement. In the thoracic spine there is no radicular symptom complex and no direct trauma to provide indications for MRI. In the lumbar spine there has been some improvement with chiropractic therapy and certainly no progression or worsening. Records do not indicate the patient is a surgical candidate. The chiropractic treatment plan has not yet been completed and the plan for exercise therapy has not been completed. Therefore, the disputed treatment was deemed not medically necessary.

**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: Liberty Mutual Insurance  
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