

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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**Notice of Independent Medical Review Determination.
Case Number CM13-000066**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 03/13/2013 disputing the Utilization Review Denial dated 02/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 04/10/2013. 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 MRI of the lumbar spine requested **is medically necessary**.

Medical Qualifications of the Professional Reviewer:

The independent Medical Director 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated February 20, 2013

[EE Claimant] ” is the 46 year old worker involved in a 01/31/2013 industrial-related incident. The patient has a past history of a 1990 lumbar fusion at L5-S1. The 02/20/2013 First Report from [REDACTED] indicates that the patient has been experiencing intermittent now worsening over the past two days back pain and left leg pain and the back of the left thigh pain. Apparently the patient underwent a course of physical therapy for at least 6 visits with a few chiropractic treatments. According to the 03/22/2013 provider PR-2 gained no benefit from this treatment. On examination there was tenderness upon palpation of the lumbar spine, positive squat, positive axial compression, negative straight leg raise on the right and negative straight leg raise on the left. No antalgic gait observed. Ankle and knee reflexes were both normal. There was decreased extension 15 degrees with pain. There are positive nerve tension signs. There was 1+ edema. There are some reduced spasms. Positive Kemp’s and guarded movement. X-rays showed no fusion noted at L5-S1. Significant narrowing of the disc space between L5 and S1 anterior vertebral body spurring.”

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 (dated 3/13/2013)

- Utilization Review Determination dated 04/05/2013 (Provided by [REDACTED])
- Medical Records from 02/01/2013 to 04/16/2013 provided by [REDACTED]
- ACOEM Guidelines 2004, MRI section, pages 308-310

Regarding the MRI of the lumbar spine:

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) guidelines, 2nd Edition, 2004, MRI section, pages 308-310. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator were not relevant and appropriate for the employee's clinical circumstances. The employee's clinical condition was described as lumbar sprain; however, based on the findings of the submitted and reviewed medical records, the employee's clinical condition is more appropriately described as intermittent low back pain with etiology unknown, and is status post previous lumbar fusion. The ACOEM guidelines, 2004, MRI section, pages 308-310 is not applicable to the employee's condition, as they reference imaging (MRI) not recommended before one month in absence of red flags. The clinical circumstance of this patient is pain greater than one month and the presence of "red flag". The Professional Reviewer relied upon American College of Radiology (ACR) Appropriateness Criteria low back pain, date of origin 1995, last revised 2011.

Rationale for the Decision:

The patient has a history of a prior laminectomy in 1990, without fusion. He has undergone a trial of physical therapy and chiropractic care with no significant relief. The patient has a history of low back pain and sensory radicular symptoms into the left leg. No weakness or other neurological deficit was noted. Plain films show significant disc space loss at L5-S1. A referral has been made to a pain specialist who declined to see the patient without MRI evaluation first. Per American College of Radiology Guidelines, low back pain, 1995 revised 2011, the persistence of pain symptoms for greater than six weeks despite conservative management is a valid indication for MRI of the lumbar spine. In this patient with prior laminectomy, persistent pain, disc and space loss, and radicular symptoms, the requested MRI of the 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;

Richard C. Weiss, MD, MPH, MMM, PMP/
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th 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.