

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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(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 Magnetic Resonance Imaging (MRI) Lumbar Spine w/out contrast requested **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/27/2013 disputing the Utilization Review Denial dated 3/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/26/2013. 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 Magnetic Resonance Imaging (MRI) Lumbar Spine w/out contrast requested **is not medically necessary and appropriate.**

### Medical Qualifications of the Professional 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 Family 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 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 March 21, 2013.

“The employee reported an injury on 03/13/2013 after lifting a case of water. She reported low back pain. A clinical note dated 03/13/2013 reported the provision of medication and an x-ray of the lumbar spine and thoracic spine. An official report of that x-ray to the thoracic spine noted degenerative changes with spondylosis deformans. A clinical note dated 03/14/2013 reported the employee’s condition had improved, and she was returned to work with restrictions. She was referred to physical therapy on this date.”

### 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 by [REDACTED] (dated 3/21/13)
- Employee’s Medical Records from [REDACTED] (dated 3/13/13 and 3/14/13)
- Employee’s Medical Records from [REDACTED] (dated 3/13/13 thru 3/28/13)
- Employee’s Medical Records from [REDACTED] (dated 3/14/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) – Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations
- Official Disability Guidelines (ODG), Low Back Chapter, Magnetic Resonance Imaging

**1) Regarding the request for Magnetic Resonance Imaging (MRI) Lumbar Spine w/out contrast:**

Section of the Medical Treatment Utilization Schedule 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), 2<sup>nd</sup> Edition, (2004), Low Back Complaints, Special Studies Diagnostic and Treatment Considerations, pg 303-305, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

"The employee reported an injury on 03/13/2013 after lifting a case of water. Upon review of the medical records submitted, the employee exhibited improvement and was returned to work with restrictions. ACOEM guidelines state that the use of MRI is warranted for patients who present with findings that identify specific nerve compromise on the neurologic examination that are sufficient evidence to warrant imaging in patients who do not respond to treatment. There is no evidence of radiculopathy on physical exam at the time the MRI was ordered and there is no complaint of referred pain to the lower extremity or paraesthesia. Therefore, the request for Magnetic Resonance Imaging (MRI) 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

/ldh

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.