

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/31/2013  
Date of Injury: 10/4/2004  
IMR Application Received: 8/12/2013  
MAXIMUS Case Number: CM13-0010007

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California and New York. 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant sustained a work related injury on 10/04/2004. She injured her low back while transporting a patient on a bed that did not move with ease. Her diagnoses include chronic low back pain status post lumbar fusion. Patient describes pain to be 9/10 of low back pain despite medical therapy with Duragesic patch, Zanaflex, Cymbalta. On exam she has a positive sciatic nerve stretch on the right at 60 degrees and decreased sensation in the right L4 dermatome. MRI of the LS spine from 2010 documented old compression fracture at the L2 vertebral body, solid fusion and laminectomy at the L5-S1 level with transpedicle screws in place. An updated MRI of the LS spine has been requested in anticipation of surgery.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. MRI lumbar spine without contrast is medically necessary and appropriate.**

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pgs. 308-310, which is part of the MTUS. Official Disability Guidelines (ODG), Low Back, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on Medscape Internal Medicine: Evaluation of Back Pain 2012, which is not part of the MTUS.

The Physician Reviewer's decision rationale: Per Medscape Internal Medicine MRI is the test of choice for patient with prior back surgery especially if conservative therapy has failed and

further surgery is recommended. The medical records provided for review shows that the employee has chronic low back pain and has had increased pain despite medical therapy which includes long-acting opiates. The employee has failed conservative therapy with physical therapy and injection therapy with epidural steroid injections. **The request for MRI lumbar spine without contrast is medically necessary and appropriate.**

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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.

[REDACTED]

CM13-0010007