MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/26/2013

IMR Case Number:	CM13-0010583	**Date of Injury:**	10/7/2004
Claims Number:	[redacted]	**UR Denial Date:**	7/26/2013
Priority:	Standard	**Application Received:**	8/12/2013
Employee Name:	[redacted]		
Provider Name:	[redacted] MD		
Treatment(s) in Dispute Listed on IMR Application:	MRI Lumbar with Flexion/Extension CT Scan Lumbar with/without Contrast with Sagittal Reconstruction of 2mm		

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: UPHOLD. This means we decided that none 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 Radiologyis licensed to practice in Califonria. 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]

CLINICAL CASE SUMMARY

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

Patient has a long standing history of low back pain. Prior 360 degree fusion at L5-S1 and known degenerative spondylolisthesis at L4-5. There has been hardware removal at L5-S1. Patient has persistent pain even after the hardware removal. Attending spine specialist has requested CT of the lumbar spine including sagittal reformation as well as MRI of the lumbar spine in both extension and flexion positions.

IMR DECISION(S) AND RATIONALE(S)

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

1. Lumbar MRI with flexion/extension is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints American College of Occupational and Environmental Medicine, 2nd Edition Chapter 12, Table 12-8, which is a part of the MTUS. Also, the Official Disability Guidelines-Low Back Chapter, which is not a part of the MTUS.

The Expert 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 Expert Reviewer based his/her decision on ACR appropriateness criteria, low back pain: Post surgical. www.acr.org Last reviewed 2011.

The Physician Reviewer's decision rationale:

After a review of the records provided, the employee has long history of low back pain. Noted is a 360 degree fusion at L5-S1 with subsequent removal of posterior hardware in December, 2012. The employee has known degenerative spondylolisthesis at L4-5 based upon prior MRI scan. After removal of the posterior hardware at L5-S1 there is some improvement, but continues to

have significant pain. Of note is a report of a CT of the lumbar spine at California Radiology date 1/23/13 which was done AFTER the hardware removal and is not referenced as having been reviewed by the physician rquesting the exam, Dr. [redacted] The use of MRI to evaluate the cause of back pain in a post op patient is well established and the ACR includes such evaluation in recognized indications for MRI. However, the ACR does not recognize the need for Flexion/Extension MRI exams and the requesting physician does not detail in his discussion the reason for such a unique examination.

2. Lumbar CT scan with/without contrast with sagittal reconstruction of 2mm is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints American College of Occupational and Environmental Medicine, 2nd Edition Chapter 12, Table 12-8, which is a part of the MTUS.

The Expert 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 Expert Reviewer based his/her decision on ACR appropriateness criteria, low back pain: Post surgical. www.acr.org Last reviewed 2011.

The Physician Reviewer's decision rationale:

Patient has long history of low back pain. He had a 360 degree fusion at L5-S1 with subsequent removal of posterior hardware in December, 2012. He has known degenerative spondylolisthesis at L4-5 based upon prior MRI scan. After removal of the posterior hardware at L5-S1, he has improved but continues to have significant pain. Of note is a report of a CT of the lumbar spine at California Radiology date 1/23/13 which was done AFTER the hardware removal and is not referenced as having been reviewed by the physician rquesting the exam, Dr.[redacted] While a CT scan is useful in evaluating the facet joints especially in a patient with hardware due to the metallic artifact created by such material this particular exam would be available to the ordering physician and does not seem necessary for a repeat. Incidentally, this exam included sagittal reformatted imagin.

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]

CM13-0010583