
Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

7/25/2013

Date of Injury:

10/23/2012

IMR Application Received:

8/14/2012

MAXIMUS Case Number:

CM13-0010922

- 1) MAXIMUS Federal Services, Inc. has determined the request for **x-rays of the lumbar spine ordered 04/25/13 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the lumbar spine is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **consult and treatment with pain management for the lumbar spine is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **follow ups with chiropractor is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/27/2013. 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 request for **x-rays of the lumbar spine ordered 04/25/13 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the lumbar spine is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **consult and treatment with pain management for the lumbar spine is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **follow ups with chiropractor is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a Licensed Chiropractor 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 Expert 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.

Expert Reviewer Case Summary:

This is a 37 year-old male patient with chronic knee pain, neck pain and low back pain, date of injury is 10/23/2012. Patient underwent surgeries to both knees. Doctor's first report dated 04/25/2013 by [REDACTED] revealed constant neck pain, 6/10, associated with headaches and radiating to the mid back, constant low back pain 8/10 associated with muscle spasms radiating into the buttocks, leg and toes, constant bilateral knees pain associated with swelling, popping and giving way weakness; exam of the lumbar spine revealed tenderness over Lumbar (L) and Sacra (S) L2-S1, decreased range of motion (ROM); exam of the knees revealed tenderness to palpation over the medial and lateral meniscus, decreased flexion and extension; diagnosis include lumbar spine radiculitis, knee internal derangement and thoracic myofascitis. MRI study, 08/12/2013, of the lumbar spine revealed a 2.0mm circumferential disc bulge of Thoracic (T) T12-L1 which mildly impresses on the thecal sac, a 2.9mm circumferential disc bulge of L1-2 which mildly impressed on the thecal sac with bilateral facet arthrosis, a 2.9mm circumferential disc bulge of L2-3 which mildly impressed on the thecal sac with bilateral facet arthrosis and mild bilateral neural foraminal narrowing, a 3.9mm circumferential disc bulge of L3-4 which mildly impressed on the thecal sac with bilateral facet arthrosis, ligamentum flavum hypertrophy and moderate bilateral neural foraminal narrowing, a 4.9mm circumferential disc bulge of L4-5 which mildly

impressed the thecal sac with bilateral facet arthrosis, ligamentum flavum hypertrophy and mild bilateral neural foraminal narrowing, a 2.2mm disc bulge of L5-S1 which mildly impressed the thecal sac with bilateral facet arthrosis and mild bilateral neural foraminal narrowing.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for x-rays of the lumbar spine ordered 04/25/13:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Low Back Complaints Chapter, pg. 303 and table 12-8, which is a part of the MTUS and the Official Disability Guidelines (ODG), Low back Chapter, radiography, which is a not a part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 287, General Approach and pg. 303, Special Studies and Diagnostic and Treatment Considerations, which is a part of the MTUS. And the Official Disability Guidelines (ODG), Low Back Chapter, Low Back, Indications for imaging, plain x-rays, which is not a part of the MTUS.

Rationale for the Decision:

A review of the records indicates that according to the treating doctor's first report of injury dated 4/25/2013, there were not any red flags that warranted X-rays of the lumbar spine. Based on the guidelines above regarding indications for imaging, **the request for x-rays of the lumbar spine ordered 04/25/13 is not medically necessary and appropriate.**

2) Regarding the request for MRI of the lumbar:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Guidelines regarding Special Studies and Diagnostic and Treatment Considerations chapter 12 page 303, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 303, Special Studies and Diagnostic and Treatment Considerations, which is a part of the MTUS.

Rationale for the Decision:

A review of the medical records, the request for an MRI of the lumbar spine was made on 04/25/2013, whereas the treating doctor's first report of injury did not include objective clinical findings to support a neurological deficit. Based on the guideline cited above, the MRI of the lumbar spine was not medically necessary. **The request for MRI of the lumbar spine is not medically necessary and appropriate.**

3) Regarding the request for consult and treatment with pain management for the lumbar spine:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), for Independent Medical Examinations and Consultations regarding referrals, Chapter 7, pg. 127, 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Editions (2004), Chapter 7, Independent Medical Examinations and Consultations regarding Referrals, pg. 7 of 127.

Rationale for the Decision:

A review of the medical records indicates that this employee presented with constant moderate-severe (8/10) low back pain with muscle spasm. A consult and treatment with pain management specialist is appropriate for therapeutic management and may benefit this employee from an additional expertise. Based on the guideline cited above, **the request for consult and treatment with pain management for the lumbar spine is medically necessary and appropriate.**

4) Regarding the request for follow ups with chiropractor:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California MTUS Chronic Pain Medical Treatment Guidelines, p. 58-60, Manual Therapy and Manipulation, which is a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable because the guidelines do not address the medical necessity for primary treating physician office visits.

Rationale for the Decision:

There is no evidence that the employee was treated by manipulation so MTUS treatment guidelines on Chiropractic treatment do not apply here. There are no other guidelines that address this issue. The chiropractor is the primary doctor in this case for this employee and it is medically necessary for this employee to have follow ups with the treating doctor to measure progress, making appropriate referrals and facilitate medical management to support the employee's recovery and return to work. **The request for follow ups with chiropractor 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/cmol

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.