

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Independent Medical Review Final Determination Letter**

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/6/2013  
Date of Injury: 11/21/1996  
IMR Application Received: 8/19/2013  
MAXIMUS Case Number: CM13-0014493

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

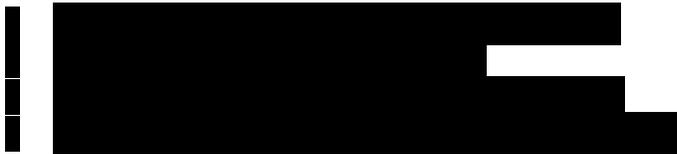
cc: Department of Industrial Relations, [REDACTED]

## 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 Internal Medicine, Polmonary Diseases, 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 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:



### 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 patient is a 44-year-old female who reported a work related injury on 03/05/2011 as a result of a fall. Subsequently, the patient presents for treatment of the following diagnoses: musculoligamentous sprain of the cervical spine with right upper extremity radiculitis, tendinitis of the right shoulder, musculoligamentous sprain of the lumbar spine with right lower extremity radiculitis, tears of the medial and lateral meniscus of the bilateral knees, partial tear anterior cruciate ligament bilateral knees, severe chondromalacia of the left knee, contusion bilateral knees, musculoligamentous sprain of the thoracic spine, medial synovial plica of the left knee, disc protrusion C2-3, disc osteophyte complexes C3-4, C4-5, C5-6, and C6-7, disc bulges L1-2, L2-3, L3-4, and L4-5, facet hypertrophy of the lumbar spine, severe osteoarthritis of the right knee, status post arthroscopy of the right knee with partial medial and lateral meniscectomy, disc bulge T6-7, status post left knee arthroscopy with partial medial and lateral meniscectomy and resection of medial plica, partial synovectomy 07/10/2012, and status post thoracic steroid epidural injection. The clinical note dated 07/09/2013 reported the patient presented under the care of Dr. [REDACTED] for evaluation of her pain complaints. The provider documents the patient utilizes tramadol, meloxicam, Prilosec, and tizanidine as needed. The patient reports no new injuries. The patient is not working and not attending therapies. The provider documents the patient reports low back pain is constant to the right. Upon physical exam of the patient, the patient lacks 3 finger breaths from touching the chin to chest. The provider documents the patient utilizes Omeprazole, tramadol, meloxicam, and an inversion table for home use of temporary nerve decompression and electrical stimulation unit.

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

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

### 1. Lumbar MRI is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Low Back Complaints, Chapter 12, page 303, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The request for lumbar MRI is not supported at this point in the employee's treatment. Review of the clinical documentation submitted evidences the employee underwent an MRI of the lumbar spine on 01/28/2012. This official imaging was not submitted for review. The clinical notes lack evidence of a rationale for the requested repeat imaging study of the employee's lumbar spine as the clinical notes did not indicate the employee presented with any red flag findings upon physical exam indicative of further imaging or diagnostic studies. The employee presented with no motor, neurological, or sensory deficits upon physical exam. California MTUS/ACOEM indicates, "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." **The request for lumbar MRI is not medically necessary and appropriate.**

### 2. Error! Reference source not found. is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs), pg. 46, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The current request for **Error! Reference source not found.** is not supported. There was no official imaging of the patient's lumbar spine submitted for review, the clinical notes lacked evidence of the patient presenting with any motor, neurological, or sensory deficits to support injection therapy at this point in the patient's treatment, and the clinical notes failed to evidence the patient has recently utilized active treatment modalities for her pain complaints. California MTUS indicates, "Radiculopathy must be documented by physical examination and corroborated by imaging study and/or electrodiagnostic testing." **The request for lumbar epidural steroid injection (ESI) is not medically necessary and appropriate.**

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.