

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



Notice of Independent Medical Review Determination

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

8/21/2013

Date of Injury:

8/19/2008

IMR Application Received:

8/29/2013

MAXIMUS Case Number:

CM13-0018229

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI lumbar spine is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **MRI lumbar spine** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert 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 Orthopedic Surgery, 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 51 year old male claimant who sustained a lumbar injury on August 19, 2008 which was attributed to a single lifting event. The case notes referred to an April 8, 2009 MRI of the lumbar spine that was interpreted as describing a 3mm disc bulge at L5-S1. The case notes referred to electromyography studies on August 21, 2009 which were negative for any radiculopathy. The case notes referred to a 2010 repeat lumbar MRI that revealed an annular tear at L5-S1 without significant change from the 2009 scan. No reports of these tests were provided.

The August 14, 2013 [REDACTED] office visit notes stated that the claimant presented for a refill of medications with complaints of moderate to severe chronic low back pain. The exam findings revealed an antalgic gait pattern using a single point cane. The heel and toe ambulation could not be conducted because of instability. The claimant had tenderness to palpation at L4-L5 and bilateral posterior superior iliac spine. The range of motion exam revealed that the claimant could flex close to mid tibia but it was very painful. The claimant demonstrated extension 25 degrees with pain; right lateral flexion 30 degrees; left lateral flexion 30 degrees; lateral rotation right and left 40 degrees. The straight leg raise causes hamstring tightness as well as low back pain and numbness/tingling in his bilateral lower extremities. His neurologic exam was intact. He had deep tendon reflexes right and left knee jerks 1+; ankle jerks right and left 1+. The plan included counseling regarding healthy diet, weight reduction, joining gym and to continue medications. The September 11, 2013 [REDACTED] office visit notes stated that the claimant reported constant lumbar spine pain at 7-8/10 which was relieved slightly with medications. The exam was unchanged from that which was documented in August 2013. The plan included counseling regarding healthy diet, weight reduction, joining gym and to continue medications. A request was made for an MRI lumbar spine.

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:

- [REDACTED]

1) Regarding the request for MRI 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 ACOEM Chapter on Low Back Disorders, Section on MRIs, which is a part of MTUS.

The Expert Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, pages 287 and 303, which are a part of MTUS.

Rationale for the Decision:

The guidelines indicate that in absence of clinical red flags, imaging tests are not usually helpful for low back symptoms. The employee was injured in 2008 and the records provided for review reflect a previous MRI in 2009 as well as electrodiagnostic studies. There was also an MRI in 2010 showing an annular tear but no significant change since the study from the year prior. A most recent note dated September 11, 2013 indicated that this employee was seen for complaints of lumbar pain; there is no documentation of radicular symptoms and thus, a repeat MRI is not indicated as there is no appreciable change in the clinical condition. **The request for MRI lumbar spine 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,

Paul Manchester, MD, MPH
Medical Director

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

/dso

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.