
Notice of Independent Medical Review Determination

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/9/2013

4/4/2011

7/17/2013

CM13-0001366

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI of the cervical spine **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.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 of the cervical spine **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.**

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 Physical Medicine and Rehabilitation 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013:

“The patient is a 52 year old male with a date of injury of 4/4/2011. Under consideration for authorization are prospective requests for 1 MRI of the cervical spine and 1 MRI of the lumbar spine. According to available documentation, the patient has a history of chronic low back pain with his most recent injury secondary to repetitive bending and heavy lifting. A couple of days subsequent to his 4/4/11 low back injury, the patient has indicated he felt pain in his neck. Prior care has included oral medications and injections of Toradol, time off work, an epidural injection to the low back on 12/2/11 considered to be unhelpful, physical therapy, provision of a back brace, offer of a TENS unit, trigger point injections, and use of a cane. A lumbar spine MRI done on 6/2/11 by Dr. [REDACTED] reportedly demonstrated a 3 mm anterolisthesis at L5/S1 and 2-3 mm disc protrusion at L1/L2 without stenosis. Cervical spine x-rays were indicated to have been normal. Electrodiagnostic testing of the bilateral lower extremities dated 6/6/11 were reportedly normal. Per the 6/19/13 report of Dr. [REDACTED] the patient presented with complaints that his neck and back pain were worsening. He described radiation to both legs, especially on the left with occasional numbness and tingling. The patient indicated he utilized a cane for ambulation. Objective exam findings for the lumbar spine revealed tender paraspinal muscles with spasm, decreased range of motion by 50%, positive bilateral straight leg raising, reduced sensation in bilateral feet, and diminished motor strength to 4/5 throughout all major muscle groups of the lower extremities. The provider diagnosed the patient with lumbar radiculopathy.”

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 for Independent Medical Review dated 7/17/2013
- Utilization Review Determination dated 7/09/2013
- Medical Records from 8/27/2012 through 7/01/2013
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for MRI of the cervical spine:

Medical Treatment Guideline(s) 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, (2004), Chapter 8 (Neck and Upper Back Complaints), pg. 177-8, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the MTUS guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained an injury in the workplace on 4/04/11. The submitted medical records note neck and back pain. The records indicate diagnoses include lumbar radiculopathy, cervical radiculopathy, chronic pain and herniated nucleus pulposus L5-S1 with extrusion. Prior treatment has included acupuncture treatment, physical therapy, epidural injections and medications. A request has been submitted for MRI of the cervical spine.

ACOEM guidelines note that criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The submitted medical records do not indicate that the employee is being considered for an invasive procedure and do not demonstrate failure to progress in a strengthening program. Guidelines do not support MRI of the cervical spine in this case. The request for MRI of the cervical spine **is not medically necessary and appropriate.**

2) Regarding the request for MRI of the lumbar spine:

Medical Treatment Guideline(s) 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), (2007), Chapter 12 (Low Back Complaints), pg. 53, a medical treatment guideline not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM),

(2007), Chapter 12 (Low Back Complaints), pg. 303-305, applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained an injury in the workplace on 4/04/11. The submitted medical records note neck and back pain. The records indicate diagnoses include lumbar radiculopathy, cervical radiculopathy, chronic pain and herniated nucleus pulposus L5-S1 with extrusion. Prior treatment has included acupuncture treatment, physical therapy, epidural injections and medications. A request has been submitted for MRI of the cervical spine.

ACOEM guidelines note that MRI may be indicated if physiologic evidence indicates tissue insult or nerve impairment. The submitted and reviewed medical records do not demonstrate severe or progressive neurological deficits in the past several months to warrant the requested MRI of the lumbar spine. The guidelines do not support an MRI of the lumbar spine in this setting. The request for MRI of the 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

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

/srb

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.