

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/11/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/30/2013
Date of Injury:	8/26/2005
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0001433

- 1) MAXIMUS Federal Services, Inc. has determined the request for **a Rhizotomy; T8-T9 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 7/22/2013 disputing the Utilization Review Denial dated 6/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 a **Rhizotomy; T8-T9** 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 Occupational Medicine, 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.

Clinical Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated 6/30/2013.

“Nurse Clinical summary: DOI:08/26/05: He underwent left knee surgery on 1/14/11 and left total knee Arthroplasty on 5/4/11. He has ongoing back pain and bilateral buttock pain. There is tenderness to palpation mid thoracic region. Range of motion is declined. Ct scan dated: 12/18/12 shows 1) no fracture 2) multilevel degenerative disc disease. He is unable to sleep at night. He has difficulty ambulating up to one block.”

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for a Rhizotomy; T8-T9:

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 Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Physical Methods, which is part of the MTUS, and the Official Disability Guidelines, Low Back, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), which is part of the MTUS, and the ACOEM Practice Guidelines, Version 2 (updated 2008), chronic pain chapter, which is not part of the MTUS.

Rationale for the Decision:

The employee has chronic pain without significant evidence of physical deficits or arguments for the realistic expectations of benefit from rhizotomy T8-T9. Progress notes and QME reports describe the employee as being relatively stable without any evidence of physical ailment by exam, interval changes, or prior imaging that would benefit a rhizotomy. After a professional and thorough review of the documents submitted and reviewed, my analysis is that the request for a rhizotomy T8-T9 is not medically necessary. **The request for a Rhizotomy; T8-T9 is not medically necessary and appropriate.**

2) Regarding the request for MRI of 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), 2nd Edition, (2004), Low Back Complaints, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back, MRIs, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back, MRIs, which is not part of the MTUS.

Rationale for the Decision:

The progress notes and QME reports reviewed state the employee has previously had MRI and CT imaging studies without significant findings. The employee has chronic pain from an injury that occurred 8 years ago, without significant clinical changes since the previous imaging studies. Per ACOEM Practice Guidelines, repeat MRI imaging without significant clinical deterioration in symptoms and/or signs is not recommended. After a professional and thorough review of the documents, my analysis is that the request for a MRI of the lumbar spine is not medically necessary. **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,

Paul Manchester, MD, MPH
Medical Director

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

/ldh

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.