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**Notice of Independent Medical Review Determination**

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	7/18/2011
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002538

- 1) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the lumbar spine **is 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 7/2/2013. 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 an MRI of the lumbar spine **is 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013:

“According to SOAP note dated 5/29/2013 by Dr. [REDACTED], patient complained of pain on the back of the neck. On physical exam, there was scoliosis and disc degeneration in the lumbar spine. The patient was diagnosed with backache. This request is for the medical necessity of Magnetic Resonance Imaging (MRI) of lumbar spine.

“Date of injury: 07/18/11

“Mechanism of injury: According to Surgical consultation report dated 9/19/2011 by Dr. [REDACTED], patient fell down on the back.

“Current medications: Not documented in the clinical records submitted with this request.

“Surgeries: According to SOAP note dated 5/29/2013 by [REDACTED], patient was status post left hernia surgery 6 months ago, left shoulder rotator cuff repair undated and anterior cervical fusion undated. According to Surgical consultation report dated 9/19/2011 by Dr. [REDACTED], patient had left inguinal herniorrhaphy in 2008.

“Diagnostic imaging and other therapies: According to SOAP note dated 5/29/2013 by Dr. [REDACTED], patient had x-ray of the lumbar spine undated, documented age related pathology and chronic degenerative changes. There was no objective interpretation of the x-ray result attached in the medical report submitted. According to

Initial complex orthopedic evaluation report dated 12/9/2011 by Dr. [REDACTED], patient had lumbar x-ray undated, documented facet arthrosis in the lower lumbar spine. There was no objective interpretation of the x-ray result attached in the medical report submitted. According to Surgical consultation report dated 9/19/2011 by Dr. [REDACTED], patient had conservative measures such as unknown visits of therapy and unspecified medication.

“Reason given for request: According to SOAP note dated 5/29/2013 by Dr. [REDACTED] patient needed Magnetic Resonance Imaging (MRI) of lumbar spine for further evaluation.

“No red flag conditions are noted. There is no clear documentation of radiculopathy or other neurological symptoms to support the medical necessity of the requested lumbar MRI. Per Dr. [REDACTED], the patient has axial back pain only with no neurological symptoms. No additional information is provided to support the medical necessity for the requested MRI.”

#### **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 (received 7/22/13)
- Utilization Review Determination from [REDACTED] (dated 7/2/13)
- Medical Treatment Utilization Schedule (MTUS)

**NOTE:** Medical Records were not submitted timely by the claims administrator, employee, or employee’s representative

#### **1) Regarding the request for an 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 Environmental and Occupational Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004), Low Back Complaints, pages 308-310, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

##### Rationale for the Decision:

The employee was injured on 7/18/2011 and has experienced back pain. X-rays demonstrated degenerative changes and scoliosis. The employee has been treated with physical therapy and medications, without substantial improvement. A request was submitted for an MRI of the lumbar spine.

The ACOEM Guidelines caution against utilizing an MRI early because many problems will resolve regardless of imaging, and may find abnormalities that may or may not be related to the signs and symptoms identified, which may lead to

unnecessary interventions. There is a lack of medical documentation that clearly describes the employee's condition and reason for the MRI. The employee did sustain a traumatic injury and has been treated conservatively without recovery, but there is no documentation of radiculopathy or any signs and symptoms that are supportive of emergent imaging. However, the employee's date of injury was more than one year ago, and x-ray imaging demonstrated degenerative changes and scoliosis. Further, the employee has been treated with therapy and medications without substantial improvement. It is reasonable to pursue further diagnostic testing with the requested MRI. The request for an MRI of the lumbar spine **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;

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

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

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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.