
Notice of Independent Medical Review Determination

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 3/14/2012
IMR Application Received: 7/23/2013
MAXIMUS Case Number: CM13-0002633

- 1) 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 7/23/2013 disputing the Utilization Review Denial dated 7/22/2013. 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 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 in Pain Management 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 22, 2013:

“Review of the medical documentation identifies the claimant sustained an industrial injury on 05/16/12. The claimant has been under the care of the attending provider for lumbar disc displacement, lumbar spinal stenosis without claudication. The MRI report of the lumbar spine dated 07/30/12 revealed multilevel lumbar disc degeneration, mild, without spinal stenosis. Also, right-sided congenital facet enlargement with arthritis, L5-S1, resulting in the presence of encroachment on the axillary recess of the spinal canal on the right side, possibly with some minimal emerging right S1 root impingement is noted. Procedure note dated 12/06/12 reveals the claimant underwent a radio frequency ablation of L3,4, L4-5, L5-S1 and lateral branch nerves at S1. Most recent evaluation dated 07/10/13 is provided for review. The claimant presented following his epidural injection performed on 06/14/13 using a transforaminal approach at the right L5-S1. He had relief of the back pain, leg pain, and testicular pain for about 4,6 hours post procedure, but then no sustained relief. Physical examination revealed no abnormalities. It was recommended the claimant undergo an updated MRI and surgical consultation with Dr. [REDACTED]

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 7/23/2013)
- Utilization Review Determination from [REDACTED] (dated 7/22/2013)
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) 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 Official Disability Guidelines (ODG) Indication for Imaging, a medical treatment which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 303-304 and Table 12-8, which is part of the MTUS and relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 3/14/2012. The medical records provided for review indicate treatment has consisted of multiple conservative measures, including physical therapy, TENS, chiropractic, ice, heat, spine epidural injections and radiofrequency ablation. Medical records document low back pain with radiation to the right hip and buttock, and there is also an issue of intermittent right testicular pain. A previous lumbar MRI on 7/30/12 demonstrated multilevel lumbar disc degeneration, without spinal stenosis, right-sided facet enlargement with arthritis, L5-S1, resulting in the presence of encroachment on the axillary recess of the spinal canal on the right side, with some minimal emerging right S1 root impingement noted. The progress note dated 4/24/13 documents that the "lumbar MRI report does not describe any pathology that is actually seen on the MRI." There is no documentation in the medical records provided where physical examinations have demonstrated any potential neurologic findings; the motor and sensory examinations are within normal limits with demonstrated reduced range of motion of the lumbar spine and pain with these motions.

MTUS/ACOEM guideline criteria specify "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." The medical records reviewed document disk herniation at L4-5, but it is unclear whether this is causing neurologic issues as the exam in these myotomes and dermatomes is within normal limits though the employee continues to experience low back pain with radiation to the right lower extremity and testicular region. Ordinarily, right testicular pain would not be expected to originate from a lower level lumbar disk herniation. **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

/dl

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.