

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	6/10/2005
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002657

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the Lumbar Spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **CT Scan 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 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/1/2013. 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.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **CT Scan 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013

“The patient is a 57-year-old male who injured his back on 6/10/05 due to cumulative trauma. The patient was diagnosed with lumbar spine sprain/strain with radiculopathy. A request was made for CT scan. The only medical report submitted was a 11/15/12 visit note. According to this report, the patient complained of low back pain radiating to the lower extremities. Current medication regimen includes unspecified medications for pain, hypertension, and high cholesterol. The patient previously participated in an unspecified number of PT visits which afforded minimal relief. He also had lumbar blocks and ESIs which also afforded minimal relief. Undated EMG/NCV of the lower extremities by Dr. [REDACTED], as per 11/15/12 visit note, showed mild sensory polyneuropathy in the lower extremities. MRI of the lumbar spine dated 08/12/09 by Dr. [REDACTED] showed L4e5 bilateral facet degenerative changes, disc desiccation, disc bulge, and spinal stenosis; and L5-S1 facet degenerative changes, disc desiccation, and disc bulge with no spinal stenosis. Examination showed a 4-/5 strength in the bilateral extensor hallucis longus muscles, and intact sensory evaluation.

“Lumbar ROM was noted to be decreased. An updated clinical evaluation was not provided in the medicals submitted that would provide an updated neurologic examination showing evidence of deficits and progression of the patient's condition, and indications of red flag pathologies to warrant a CT scan. A clear rationale for the requested CT scan was also not provided, considering that this request has a concomitant request for lumbar MRI. The medical necessity of the request is not established.”

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 7/23/13)
- Utilization Review Determination from [REDACTED] (dated 7/1/13)
- Medical Records from [REDACTED]
- 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Table 12-8 Summary of Recommendations for Evaluating and managing Low Back Complaints, Imaging, which is part of the MTUS.

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 sustained a work-related injury on 6/10/2005. The medical records provided and reviewed indicate treatment has included the following: Analgesic medications; unspecified amounts of physical therapy; unspecified number of lumbar facet blocks and epidural steroid injections; MRI imaging of the lumbar spine dated August 12, 2009, notable for degenerative changes of uncertain clinical significance; prior MRI imaging of August 12, 2009, and June 14, 2007, notable for multilevel degenerative changes of uncertain clinical significance; an electrodiagnostic testing of bilateral lower extremities, undated, notable for mild sensory polyneuropathy of lower extremities without overt evidence of radiculopathy; and the apparent imposition of permanent work restrictions to an agreed-medical evaluation. The request is for an MRI of the Lumbar Spine.

MTUS/ACOEM Guidelines indicate that CT and/or MRI imaging is recommended in those individuals in whom cauda equina syndrome, tumor, infection, and/or fracture are strongly suspected, plain films are negative, and where surgery is a consideration. The medical records provided for review did not contain documentation indicating the employee is experiencing red flag signs or symptoms, which would warrant repeat MRI imaging. Additionally, there is no documentation showing neurologic compromise and/or consideration of surgical intervention. **The request for MRI of the Lumbar Spine is not medically necessary and appropriate.**

2) Regarding the request for CT Scan 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), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Table 12-8 Summary of Recommendations for Evaluating and managing Low Back Complaints, Imaging, which is part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) (current version), Low Back Chapter, Lumbar & Thoracic, CT (computed tomography).

The Expert Reviewer based his/her decision on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Table 12-8 Summary of Recommendations for Evaluating and managing Low Back Complaints, Imaging, which is part of the Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee sustained a work-related injury on 6/10/2005. The medical records provided and reviewed indicate treatment has included the following: Analgesic medications; unspecified amounts of physical therapy; unspecified number of lumbar facet blocks and epidural steroid injections; MRI imaging of the lumbar spine dated August 12, 2009, notable for degenerative changes of uncertain clinical significance; prior MRI imaging of August 12, 2009, and June 14, 2007, notable for multilevel degenerative changes of uncertain clinical significance; an electrodiagnostic testing of bilateral lower extremities, undated, notable for mild sensory polyneuropathy of lower extremities without overt evidence of radiculopathy; and the apparent imposition of permanent work restrictions to an agreed-medical evaluation. The request is for a CT scan of the Lumbar Spine.

MTUS/ACOEM Guidelines indicate that a CT scan and/or MRI imaging is recommended in those individuals with “red flag suspected diagnoses” of cauda equina syndrome, tumor, infection, and/or fracture, and who is considering surgery as an option. In medical records provided for review there is no such evidence of any of the aforementioned red flag diagnoses. The employee appears to have chronic nonspecific low back pain. There is no clear evidence of neurologic compromise and/or that surgical remedy is being considered. **The request for CT Scan 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

/sce

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.