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## Independent Medical Review Final Determination Letter

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Dated: 12/27/2013

<b>IMR Case Number:</b>	CM13-0002672	<b>Date of Injury:</b>	02/06/2010
<b>Claims Number:</b>	██████████	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013
<b>Employee Name:</b>	██████████		
<b>Provider Name:</b>	██████████		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	MRI of the lumbar spine		

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, ██████████

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, and is licensed to practice in Pennsylvania. 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 02/06/2010. The treating diagnosis is spinal stenosis. As of 06/25/2013, the patient reported ongoing right buttock and leg pain and continued to be symptomatic despite epidural injections and also physical therapy and the use of a pain patch. The patient was noted to have prior MRI imaging demonstrating spinal stenosis. An MRI of 03/21/2010 demonstrated mild to significant narrowing due to short pedicles at multiple levels and facet changes at L4-L5 and L5-S1. Prior physician review indicated there was not a change in the patient's neurological status documented to support an indication for repeat MRI imaging.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. MRI of the lumbar spine is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM, Low Back Complaints, pages 303-305, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pg.309, which is part of the MTUS. The Physician Reviewer also based his/her decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM guidelines Chapter 12, low back, page 309, recommends MRI imaging of the lumbar spine "when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." Indications for a repeat lumbar MRI are further discussed in Official Disability Guidelines/Treating Workers' Compensation/low back which states regarding MRI imaging "repeat MRIs are indicated only if there has been progression of neurological deficit." The medical records do not document neurological findings or red flags or changes which meet either of these criteria. The records and guidelines do not support the request for an MRI. This request is not medically necessary.

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.

[REDACTED]

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