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**Notice of Independent Medical Review Determination**

Dated: 10/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]  
7/10/2013

3/15/2008

7/23/2013

CM13-0002701

- 1) MAXIMUS Federal Services, Inc. has determined the request for a MRI of the lumbar spine w/o contrast **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 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 MRI of the lumbar spine w/o contrast **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 & Rehabilitation, 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 10, 2013:

“Injured Worker (IW) age 50 y/o. DOI 3/15/2008. IW name [REDACTED]. On DOI iw slipped on piece of plastic falling to the floor and injuring low back and left knee. IW has had some chiro and some PT for the low back but has not resolved.”

### **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 (dated 7/23/13)
- Utilization Review Determination from [REDACTED] (dated 7/10/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for a MRI of the lumbar spine w/o contrast:**

#### 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), 2<sup>nd</sup> Edition, (2004), (no specific section cited), which is part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Low Back

Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), page 303-305, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on March 15, 2008, resulting in injury to the lower back and left knee. The medical records submitted for review indicate treatments have included "X-rays, cervical spine MRI, medications, chiropractic and physical therapy. A report dated 5/30/13 states the patient continues to report pain in the neck, low back, and left knee. The request is for a MRI of the lumbar spine w/o contrast.

MTUS ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The medical records submitted fail to elaborate on the number of physical therapy and chiropractic treatment sessions completed. There is no indication in the records of the progress that had been made with conservative care. It is unknown whether or not conservative treatment has been exhausted to date. Additionally, there is limited evidence of objective findings that would indicate the need for an imaging study at this time based on the examination conducted on 05/30/2013. The request for a MRI of the lumbar spine w/o contrast **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, 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.