

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

4/23/2007

7/24/2013

CM13-0002879

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI lumbar without and with contrast is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 lumbar without and with 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 Internal 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 10, 2013

#### BRIEF CLINICAL SUMMARY:

47 yo female (6/7/65) who has reported chronic LBP attributed to an injury in 2007. She has been treated with lumbar fusion and multiple psychoactive and habituating medications. No reports from the treating physician. Dr. [REDACTED] adequately address function. The patient is stated to be chronically not working. Dr. [REDACTED] reports over the last several years report ongoing 9/10 low back and right leg pain, with a sensory deficit in the right leg and slight weakness. Dr. [REDACTED] spine surgeon, noted right foot weakness in 2011, and that a myelogram did not show any specific pathology to account for it. The CT myelogram of 1/3/11 was read by the radiologist as showing only post-operative changes at L4-S1 with no other significant pathology.

#### Recent reports from Dr. [REDACTED]

4/23/13: stable LB and RLE pain, anxiety, takes 5 meds. RLE strength 5-/5, sensory deficit right leg [not defined further]. Plan- same meds, psych referral. Work status- "disabled"

6/18/13: increased back pain, right>left leg pain, bilateral leg cramps. No new numbness or weakness. Right dorsiflexion 5-/5, sensory deficit right leg. Same meds, new 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 7/10/13)
- Utilization Review Determination from [REDACTED] (dated 7/10/13)
- Medical Records requested were not timely submitted for this review
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for lumbar MRI without and with contrast:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Low Back Complaints Chapter (American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 13, page 303), which is part of the Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) (current version), Work Loss Data Institute, no chapter or page cited, which is not 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 4/23/2007 to the lower back. The request is for lumbar MRI without and with contrast.

The ACOEM Guidelines indicate that imaging should be reserved for individuals with nerve compromise who do not respond to treatment and where surgery is an option. The medical records provided for review did not demonstrate guideline criteria that would justify imaging. **The request for lumbar MRI without and with 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;

Paul Manchester, MD, MPH  
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.