

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/24/2013  
Date of Injury: 8/24/2006  
IMR Application Received: 8/2/2013  
MAXIMUS Case Number: CM13-0007139

DEAR [REDACTED]

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: OVERTURN. This means we decided that all 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, [REDACTED]

## 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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 IMR application shows there is a dispute with the 7/23/13 UR decision. There is a 7/24/13 UR letter from [REDACTED] that is denying the transfer of care to pain management and a repeat lumbar MRI. In the body of the [REDACTED] letter, [REDACTED] reviewer says that the medical necessity for this transfer of care has been established and therefore the request is approved.

This patient has 2 industrial injury claims. In 2006 the patient fell, apparently injuring her back. The patient also has a 3/5/12 injury. Examination appears to discuss left upper extremity, until 5/6/13, when there was a reported increase in low back pain. There were reports of radicular pain into the left posterior thigh and bowel and bladder incontinence.

5/6/13 PR2, [REDACTED] MD sudden onset of worsening low back pain. had low back pain previously, but now increasing pain and radicular symptoms left posterior thigh. There is bowel or bladder incontinence. Negative SLR. Requests MRI lumbar spine due to worsening pain and rule out any herniation.

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

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

**1. The request for Outpatient Repeat MRI Lumbar (L) Spine and Transfer of Care (TOC) to Pain is medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Practice Guidelines, (2009), which is part of MTUS.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 7 and Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pages 127-303, which is part of MTUS.

The Physician Reviewer's decision rationale:

The pain management consultation and transfer of care appears to have been approved by the physician at [REDACTED], but the letterwriter at [REDACTED] stated it was denied. I will agree with the UR physician and ACOEM guidelines, that a consultation or transfer of care is appropriate. The Lumbar MRI also appears appropriate if I am reading the 5/6/13 PR2 correctly. The physician reports the employee has a history of prior LBP, has sudden worsening of LBP with increased radicular symptoms down the left posterior thigh with loss of bowel or bladder control. This could be a red-flag condition, possibly cauda equina syndrome. Also, On page 303 of the ACOEM guidelines, it states imaging may be appropriate when the physician believes it would aid in patient management. **The request for Outpatient Repeat MRI Lumbar (L) Spine and Transfer of Care (TOC) to Pain is medically necessary and appropriate.**

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[REDACTED]

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