
Independent Medical Review Final Determination Letter

[REDACTED]

December 31, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 2/28/2012
IMR Application Received: 8/8/2013
MAXIMUS Case Number: CM13-0008609

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: 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, [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, 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 underlying date of injury in this case is 12/28/2012. The treating diagnoses include cervical strain, shoulder strain, left upper extremity radiculopathy, lumbar disc protrusions, lumbar radiculopathy, right knee internal derangement, myospasms, and cervical multilevel disc bulges. Specifically, an MRI of the lumbar spine of 05/29/2012 with and without loadbearing demonstrated a mild paracentral bulge at L4-L5 causing mild-to-moderate left-sided neural foraminal narrowing and mild-to-moderate circumferential bulging at L5-S1 with a spinal foraminal compartment measuring 4.5 mm in the recumbent position and 5.1 mm with axial loading. There was mild-to-moderate associated neural foraminal narrowing. The MRI had been done with the indication of chronic low back pain with no specific objective findings.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 MRI lumbar spine w/without load bearing is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), MRI, which is part of the MTUS, and the Official Disability Guidelines (ODG), Low Back Chapter, MRI, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), MRI, page 303, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines, Chapter 12 Low Back, page 303, states, "Unequivocal objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." Additional guidelines for MRI imaging can be found in the same reference, page 309,

which recommends lumbar MRI “when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative.” The medical records in this case do not provide a clear indication for the requested MRI overall, nor do the guidelines or the records provide a specific rationale for MRI imaging without loadbearing. Indication for this study is not supported by the guidelines, and an alternative rationale has not been provided. **The request for 1 MRI of the lumbar spine w/without load bearing is not medically necessary and appropriate.**

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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