

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested magnetic resonance imaging (MRI) of the thoracic spine **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/11/2013 disputing the Utilization Review Denial dated 3/27/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/9/2013. 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 magnetic resonance imaging (MRI) of the thoracic spine **is medically necessary and appropriate.**

Medical Qualifications of the Professional 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 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 professional 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 March 27, 2013.

“As per the submitted medicals and the Utilization Review nurse’s clinical summary, the patient in this case is a 34 year-old female who injured her low back on 3/13/13. The patient was diagnosed with lumbar sprain and thoracic spine pain. The patient was initially treated with medications. The recent medical report dated 3/19/13 indicated that the patient continues to experience mid thoracic back and lumbar pain. Physical examination revealed tenderness over the thoracic spinous process and paraspinal muscles. Physical examination of the lumbar spine revealed limited range of motion and paraspinal tenderness. X-rays of the thoracic spine demonstrated mid thoracic anterior wedge of single vertebra and slight anterior osteophyte formation.”

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 4/11/13)
- Utilization Review Determination from [REDACTED] (dated 3/27/13)
- Medical Records from [REDACTED] (dated 3/19/13 – 5/9/13)
- MRI thoracic spine from [REDACTED] (dated 4/4/13)
- Official Disability Guidelines (ODG) (2009), Neck and Upper Back Chapter – MRI Section, Low Back Chapter – Lumbar and Thoracic, MRI Section

- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8 - Neck and Upper Back Complaints, pg. 177-179, 181, Chapter 12 - Low Back Complaints, pg. 303-304, 308

1) Regarding the request for magnetic resonance imaging (MRI) of the thoracic spine:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on two sections of the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8 - Neck and Upper Back Complaints, pg. 177-179, 181 and Chapter 12 - Low Back Complaints, pg. 303-304, 308, of the Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also referenced the Official Disability Guidelines (ODG), Neck and Upper Back Chapter -- MRI Section; Low Back Chapter – Lumbar and Thoracic, MRI Section; and the American College of Physicians/American Pain Society (ACP/APS) guidelines, which are not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found that the ACOEM guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The employee's clinical condition was described as not displaying any red flags to warrant further imaging studies; however, based on the positive thoracic x-ray, the employee's clinical condition is more appropriately described as suspected vertebral fracture. The Professional Reviewer relied upon the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8 - Neck and Upper Back Complaints, pg. 164 in the determination.

Rationale for the Decision:

The employee sustained a mid/lower back injury on 3/16/13 while at work. The medical records provided and reviewed indicate the employee was treated with oral analgesics. Thoracic X-rays on 3/19/13 showed an "anterior wedge of a single vertebra." ACOEM, 2nd Edition, (2004), Chapter 8 - Neck and Upper Back Complaints, pg. 164, the Master Algorithm, lists fracture as a red flag to support further imaging studies. The medical records provided and reviewed document meeting the criteria for an MRI of the thoracic spine. The requested magnetic resonance imaging (MRI) of the thoracic spine **is 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, 18th 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.