

**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 right hip **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/1/2013 disputing the Utilization Review Denial dated 4/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/22/2013. 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 requested Magnetic Resonance Imaging (MRI) of the right hip **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 Occupational 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 April 23, 2013

"This 42-year-old male was injured on 4/11/13. The mechanism of injury was a fall 3 feet from a truck. He hit his head on the ground. The patient's diagnoses of concussion with loss of consciousness, closed head trauma, non-focal examination, and fall. Motrin and Norco were noted. A brain injury was also diagnosed. The report by [REDACTED], MD, noted that the patient was brought in by emergency medical services with full spine precautions. The patient was a poor historian due to mild confusion. He had loss of consciousness, incontinence of urine and stool, bleeding laceration to the left side of the head, and left elbow pain. A computed tomography (CT) scan of the brain showed slit like appearance, grey matter versus white matter differentiation appear mildly blurred. No acute bleed was noted. The CT per the radiologist was negative. A magnetic resonance imaging (MRI) scan of the brain was reported as normal by the radiologist. Patient's symptoms of lethargy were likely concussive symptoms. There was no evidence of intracranial hemorrhage, mass, shift, gray-white matter differentiation appeared somewhat indistinct bilaterally. Lateral ventricles appeared somewhat narrowed or effaced as did sulci, which is worrisome for possible mild diffuse edema. Posterior fossa and brainstem were unremarkable. An MRI of the brain was suggested. A CT scan of the cervical spine showed straightening of the cervical lordosis, no subluxation, and no fracture or destructive osseous lesions. Intervertebral disc spaces were well maintained and facet joints were unremarkable. The conclusion was that no acute abnormality was appreciated. An MRI of the brain without contrast was normal except for a 1 cm skin lesion of the right posterior soft tissues."

### **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 5/1/13)
- Utilization Review Determination (dated 4/23/13)
- Employee medical records from [REDACTED] (dated 4/11/13)
- Employee medical records from [REDACTED] (dated 4/11/13)
- Employee medical records from [REDACTED], MD, MPH (dated 4/23/13-5/31/13)
- Employee medical records from [REDACTED] (dated 4/25/13-5/29/13)
- Official Disability Guidelines (ODG) Hip and Pelvis Chapter, MRI section

### **1) Regarding the request for magnetic resonance imaging (MRI) of the right hip:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Hip and Pelvis Chapter, MRI section which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the MTUS does not specifically address the employee's clinical circumstance. The Expert Reviewer found the ACOEM (3<sup>rd</sup> Edition) Hip and Groin Chapter, Diagnostic Testing Section appropriate and relevant.

#### Rationale for the Decision:

The employee had a work-related fall resulting in multiple injuries to multiple body parts on 4/11/2013. Medical records provided and reviewed indicate treatment has consisted of oral analgesics and adjuvant medication for pain relief. The medical report of May 31, 2013 references persistent pain in the upper/lower back, neck, shoulder, bilateral rib, and stomach pain with dizziness. ACOEM (3<sup>rd</sup> Edition) guidelines do endorse MRI imaging for those individuals with subacute or chronic hip pain; the documentation in the provided medical records fails to establish subacute or chronic hip pain. There are no associated objective findings pertaining to the hip which would meet the criteria for the requested MRI. The request for Magnetic Resonance Imaging (MRI) of the right hip **is not medically necessary or 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  
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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.