

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	04/24/201
Date of Injury:	3/12/2013
IMR Application Received:	5/29/2013
MAXIMUS Case Number:	CM13-0000502

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI lumbar spine is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/29/2013 disputing the Utilization Review Denial dated 4/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 spine 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 24, 2013

Summary of Treatment/Case History:

The 23-year-old female patient experienced an industrial injury on 03/12/2013.

The patient presented in the office of [REDACTED] DC, on 03/12/2013. The patient was the restrained driver of the vehicle stopped when it was rear-ended by a truck. The patient reported complains of headaches, neck pain, upper and lower back pain and stiffness, anxiety, leg and hand weakness, bilateral knee pain, and bilateral shoulder pain. Dr. [REDACTED] recommended chiropractic manipulation and physiotherapy modalities at a frequency of four times per week for six weeks.

Medical records from [REDACTED] M.D., report the patient presented for care on 03, 15, 2013. The patient was reportedly the restrained driver in a vehicle involved in a rear end collision on 03.12.2013. The patient reported pain in her neck, head, upper, and lower back. A physical examination was performed on the patient was diagnosed with neck sprain, thoracic sprain, lumbar

sprain, and headache. The treatment plan included trigger point injections, start prednisone, stop Vicodin and Flexeril, continue ibuprofen, continue EMS, and continue mechanical traction. The patient was to return on an as needed basis.

The patient returns to the office of [REDACTED] M.D., on 03/21/2013 with continued low back pain and stiffness. The treatment plan included trigger point injections, continue EMS, continue mechanical traction, and continue ibuprofen as needed. The patient was to return on an as needed basis.

The patient treated with chiropractic care on 03/13/2013, 03/14/2013, 03/15/2013, 03/18/2013, 03/19/2013, 03/21/2013, 03/26/2013, 03/28/2013, 04/01/201, 04/02/2013, 04/04/2013, 04/08/2013, and 04/09/2013. The treatment procedures included spinal manipulation, extra spinal manipulation, moist heat, electrical stimulation, infrared therapy, mechanical traction, and moist heat.

Dr. [REDACTED] PR-2 of 04/15/2013 reports patient complains of headaches, neck mid back pain, low back pain, anxiety, leg and hand weakness, bilateral knee pain, and bilateral shoulder pain. Dr. [REDACTED] recommended spinal manipulation, extra spinal manipulation, physiotherapy (EMS and intersegmental traction) and MRIs of the cervical and lumbar spines to rule out HNP. The patient was to remain off work until 05/15/2013.

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 5/29/13)
- Utilization Review Determination from [REDACTED] (dated 4/24/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request MRI lumbar spine:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 8, cervical and Classic Spine Disorders, pg. 4 and the ACOEM Practice Guidelines, Chapter 9, Low Back Disorders, pg. 336, which are both a part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, pg. 303, which is a part of the MTUS.

Rationale for the Decision:

The MTUS guidelines support MRI for the lumbar spine if there are neurological deficits. The medical records reviewed indicate the employee does not have any neurological deficits or weakness on exam. In addition, MRI is not recommended unless conservative treatment has failed and 3 months have passed since the injury. The guidelines reserve imaging studies only for when surgery is being considered or there are red flag diagnoses. There is a motor vehicle accident (MVA) associated with this case, but the records do not provide evidence of major trauma or other red flags nor do they indicate that surgery is being considered. **The request for an MRI of the lumbar spine 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, 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.