

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(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 MRI of the lumbar spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/14/2013 disputing the Utilization Review Denial dated 5/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/17/2013. 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 MRI of the 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 Internal 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 May 8, 2013.

"This 60-year old male was injured on 3/21/13. The mechanism of injury occurred when the patient slipped, fell, and hit his head, right shoulder, hip and lower back. The diagnoses were shoulder pain, cervicalgia, low back strain and sciatica. He was evaluated on 3/22/13 and presented with multiple complaints. He had complaints mostly of the right trapezius radiating to the right shoulder region. Headache was improved. He complained of generalized low back pain and hip pain. There was decreased range of motion of the right shoulder that was felt not to be due to shoulder or right trapezius pain. There was local tenderness and muscle spasm of the right trapezius. There was generalized tenderness of the lumbar spine with mild muscle spasm and negative straight leg raise. He was referred to physical therapy, x-rays of the cervical spine and lumbar spine were requested. Medications included Norco, Flexeril, and Naproxen. On 4/18/13, he reported a great increase in his low back pain ranging from 8-10/10, radiating to his right leg, and worse in the past 3 days. He denied headaches. Most pain was in the neck radiating into the trapezius area. He was noted to be anxious and almost in tears. There was spasm of the bilateral trapezius with full range of motion of the shoulder. On back exam, he had generalized tenderness throughout the thoracic lumbar area. There was loss of normal lordosis with mild palpable spasm. Straight leg raise was positive on the right and deep tendon reflexes were 1/4. Light touch sensation was normal. There was equivocal determination of foot strength due to pain with dorsiflexion. Assessment was status post fall with resolving concussion with whiplash symptoms of the neck, and trapezius myalgia with recent onset of right sciatica. The plan was to start physical therapy (PT), Nabumetone, and Ranitidine, Naproxen was discontinued. He was discharged to modified work with followup in 2 weeks. Dr. [REDACTED] indicated that the x-rays were negative."

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
- Utilization Review by [REDACTED] (dated 5/8/13)
- Employee's Claim For Job Related Injury/Illness (dated 3/24/13)
- Employee's Medical Records by [REDACTED] (dated 3/21/13 thru 6/14/13)
- Medical Necessity Request for Medication (dated 5/29/13)
- Employee's Medical Records by [REDACTED] (dated 3/22/13 thru 5/28/13)
- Initial Report by [REDACTED] (dated 5/24/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12 – pg 303-304

1) Regarding the request for MRI of the 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), 2nd Edition, (2004), Low Back Complaints, Chapter 12 – pg 303 of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee slipped, fell, and hit his head, right shoulder, hip and lower back on 3/21/13. The diagnoses were shoulder pain, cervicalgia, low back strain and sciatica. On 3/22/13 he was evaluated and referred to physical therapy and x-rays of the cervical spine and lumbar spine.

Per medical records received and reviewed the patient presents with signs of sciatica, there are no significant neurological findings on exam nor are there any red-flags that would warrant an imaging study. Employee's symptoms are aggravated by certain activities (i.e. lifting, bending, sitting) and alleviated with pain medication, modified work activities and physical therapy. Per physical therapy notes patient is making small improvements over time. ACOEM Guidelines, Chapter 12, state "Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated." The request for 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;

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

/ldh

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.