

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 8/6/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/11/2013
Date of Injury:	1/11/2013
IMR Application Received:	7/3/2013
MAXIMUS Case Number:	CM13-0000945

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/3/2013 disputing the Utilization Review Denial dated 6/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/5/2013. 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 an MRI of 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 Orthopaedic Surgery 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 June 11, 2013.

The claimant has left shoulder pain complaints as well as a recent lumbar exam that shows left paralumbar tenderness and sacroiliac palpation. There is full but painful range of motion in the spine and hip with testing. Full strength in the hips and lower extremities is noted with an intact neurological exam documented. The claimant has had 10 PT sessions for the shoulder. No conservative care is noted that has addressed any lumbar spine complaints. The provider is requesting a lumbar spine MRI.

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 Determination by [REDACTED] (dated 6/11/13)
- Medical Records by [REDACTED], M.D. (dated 3/6/13 to 5/31/13)
- Medical Records by [REDACTED] (dated 1/24/13 to 3/6/13)
- Medical Records by [REDACTED] (dated 1/11/13)
- Official Disability Guidelines (ODG) – Low Back Chapter, MRI section

1) Regarding the request for an MRI of 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 Official Disability Guidelines (ODG) – Low Back Chapter, MRI section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not appropriately address the employee's condition and requested treatment. The Expert Reviewer found the guideline used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/11/2013 and experienced left shoulder pain, paralumbar tenderness, and sacroiliac palpation. The employee's diagnoses included sprain and strain of the thoracic and lumbar sections of the spine. Treatment to date has included physical therapy for the shoulder and there is no documented attempt at conservative care for the lumbar spine. A request was submitted for an MRI of lumbar spine.

The medical records received and reviewed show evidence of ongoing spine and shoulder area problems, but there is no clear documentation of ongoing low back pain, radicular complaints, or any evidence of neurologic deficit. The ODG indicates an MRI is appropriate for uncomplicated low back pain with radiculopathy after at least 1 month of conservative care or sooner if severe or progressive neurologic deficit is shown. The employee's records do not indicate neurologic deficit, protective muscle spasm, loss of motion, or any other positive objective physical findings.

There is no documented evidence of ongoing back complaints, neurologic deficit or progressive loss of function. The request for an MRI of 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

/dj

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.