MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination.
Case Number 0000074

1) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of lumbar spine requested is **not medically necessary.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on March 20, 2013 disputing the Utilization Review Denial dated March 14, 2013. A Notice of Assignment and Request for Information was provided to the above parties on April 10, 2013. A decision has been made for each of the treatments and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of lumbar spine requested is not medically necessary.

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 Family 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 14, 2013.

"This is a 57-year-old female who was injured on 1/7/13. The mechanism of injury was loading a refrigerator onto a truck. The diagnoses were lumbar radiculopathy, strain, and hip pain. The patient was evaluated by [redacted] on 1/29/13. [redacted] indicated that the patient had first been treated at the urgent care and was last seen in the occupational medicine department at Kaiser on 1/22/13. She indicated that at night, her right leg was in pain and kept her up all night. She took Tylenol #3 which she had at home. Currently, the complaints were of low back pain radiating along the right thigh anteriorly and laterally as intermittent numbness. She also noticed a rash of the right lateral knee that was spreading along the dermatomal site and had been seen in a primary clinic. She had been prescribed Prednisone and Acyclovir. She was completing today her course of 10 days of Acyclovir. She had numbness and achy pain over the medial aspect of the knee along the same dermatome with the rash. She had been placed by a qualified medical examiner (WME) on permanent restrictions in 2006. An X-ray on 1/22/13 reported exaggeration of lumbar lordosis. No abnormal motion and no significant degenerative changes were noted. On 1/29/13, the patient returned for follow up with a chief complaint of leg pain. She reported low back pain focused on the right lower lumbar area radiating along the right thigh and the anterior aspect of the right knee. She pointed to the rash (shingles) present over the right knee and stated that it was healing and the right/leg pain was improving. The patient was able to reduce Ativan from 3 tablets to 2 tablets daily and Tylenol #3 intermittently. She reported some

numbness and tingling in the thigh and leg intermittently and worsened after physical therapy. She had 2 sessions out of 6 and has 4 sessions left. Overall the patient stated that her condition was improving with therapy. The pain was rated 6/10 on a pain scale. A physical examination revealed normal gait. There was increase in range of motion of the lumbar spine and there was diminished sensation to light touch in the L1-L2 L3-L4 on the right. The straight leg raise was negative, and reflexes were bilateral and equal. On knee exam, the rash was healing well. There was tenderness of the right medial aspect slightly below the patella with full range of motion. Motor strength of the knee was normal. The patient was to complete physical therapy and continue Flexeril. She was evaluated on 3/8/13 and the chief complaint was leg pain. The patient had 3 sessions of physical therapy left. She indicated that she had to help lift a TV and also had to reach above her shoulders forcefully and felt sharp pain in her back radiating into her right anterior thigh. The patient was able to walk but had pain with prolonged sitting, standing, and walking and since her last visit, she felt worse. She had stabbing and throbbing radiating pain over the anterior right thigh and knee pain severity was 5/10 on a pain scale. There was mild antalgic limping favoring the right leg. The examination was unchanged. A discussion indicated that the patient has performed forceful reaching above the shoulder height at work and felt aggravation of her low back pain. The radicular symptoms had reoccurred and she was following with physical therapy and had 3 sessions left. She was to follow up after completing physical therapy. An MRI was requested."

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 Decision by [redacted] (dated 3/14/13)
- Physician Review Recommendation by [redacted] (dated 3/14/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Addition, 2004 Guidelines – Chapter 12 (pages 303 and 304)
- Request for Authorization for Medical Treatment by Kaiser (dated 3/26/13)
- Employee's MRI Exam by [redacted] (dated 4/15/13)
- Employee's Medical Records by [redacted] (dated 1/22/13 through 2/19/13)
- Employee's Medical Records by [redacted] (dated 1/22/13 through 3/25/13)

1) **Regarding the magnetic resonance imaging (MRI) of lumbar spine:**

<u>Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision</u>:
The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Addition, 2004. The provider did not dispute the guidelines used by the Claims

Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The Professional Reviewer did not agree with the description of the employee's condition as stated in the clinical summary. The Professional Reviewer determined that, based on the records received, the employee's condition showed signs and symptoms of lumbar sprain and neuropathic pain.

There was no unequivocal evidence of radiculopathy and the records received showed that the employee's condition is improving with conservative treatment. The requested MRI of lumbar spine is not medically necessary.

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.