

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/24/2013  
Date of Injury: 7/15/1994  
IMR Application Received: 8/19/2013  
MAXIMUS Case Number: CM13-0013479

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Spine Surgery and is licensed to practice in Texas. 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)
- No medical records were submitted by the Claims Administrator

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old male who reported a work-related injury on 07/15/1994 as a result of a pipe falling on him and compressing his spine. X-ray of the lumbar spine dated 09/02/2005 signed by Dr. [REDACTED] revealed evidence of a prior fusion from L2 through L5, no prominent abnormal motion demonstrated at these surgical levels. MRI of the lumbar spine dated 10/13/2005 revealed at the L5-S1 there was a mild broad based disc protrusion; however, this was greatest in extent far laterally in the right neural foramen and does compromise the foramen. Metal hardware at L2-3 obscures these areas. A probable congenital butterfly type vertebra body at L4, and probable solid posterior fusion at L4-5. L3-4 and L1-2 posterior elements cannot be evaluated because of metal artifact. The clinical note dated 08/21/2013 documents the patient presents with bilateral motor strength to the lower extremities at 4/5 to the right and left motor strength was noted 5/5. Range of motion of the spine was noted to be at 0 degrees of extension. The patient stands with a right side bend per the provider. The provider documents the patient has been utilizing aquatic therapy for his pain complaints. The provider, Dr. [REDACTED] documents last imaging revealed the patient's L5-S1 level was not fused. The provider feels the patient requires imaging studies of the lumbar spine as the patient presents with worsening low back pain.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. Lumbosacral MRI w/contrast is medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back Chapter, Radiography (x-rays), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Low Back Complaints, Chapter 12, page 303, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination as there was a lack of a neurological examination and there were no red flag findings documented. Currently, the clinical notes evidence the employee presents with decreased motor strength to the right lower extremity, as well as increasing low back pain. The employee has a prior history of lumbar fusion and the requesting provider documents the employee's L5-S1 level was not noted as fused. The employee last had imaging studies over 8 years ago. As California MTUS/ACOEM indicates, "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." To assess the employee's postoperative lumbar spine, and as the employee has not had imaging performed of the lumbar spine for over 8 years, the current request for lumbosacral MRI w/contrast is medically necessary and appropriate. **The request for lumbosacral MRI w/contrast is medically necessary and appropriate.**

## **2. AP/lateral, lumbosacral X-Ray is medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back Chapter, Radiography (x-rays), which is not part of the MTUS. .

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Low Back Complaints, Chapter 12, page 303, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination due to a lack of a thorough neurological examination of the employee and any red flag findings evidenced. However, the clinical notes currently submitted reveal the employee last underwent imaging studies of the lumbar spine in 2005. The employee currently presents with 4/5 motor strength to the right lower extremity and diminished Achilles reflex. MRI of the lumbar spine has been supported at this time to demonstrate specific nerve involvement, stenosis, fibrosis, and facet integrity. A lumbar spine x-ray is supported at this point in the employee's treatment to assess for pseudarthrosis of the lumbar spine postoperatively. As California MTUS/ACOEM indicates, "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." **The request for AP/lateral, lumbosacral X-Ray is medically necessary and appropriate.**

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.

[REDACTED]

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