
Notice of Independent Medical Review Determination

Dated: 9/30/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/28/2013
Date of Injury:	6/4/2013
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0001960

- 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 7/18/2013 disputing the Utilization Review Denial dated 6/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. 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, has a subspecialty in Internal Medicine, Orthopedic Surgery and Toxicology 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 28, 2013:

“According to Medical Report on 06/04/13, the patient was diagnosed with a lower back sprain. No subjective/ objective findings in the medical report submitted.”

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 from independent medical review (received 7/18/ 2013)
- Utilization Review Determination from [REDACTED] (dated 6/28/2013)
- Employee medical records provided by [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 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), 2nd Edition, (2004) Low back complaints 2nd Edition pp. 308-310, which is part 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 sustained a work-related injury on June 4, 2013, resulting in injury to the employee's lower back. The medical records provided for review indicate treatments have included analgesic medication, unspecified amounts of physical therapy, and reported return to restrictive duty work. The request is for an MRI of the Lumbar Spine.

MTUS ACOEM do not recommend imaging studies without red flag symptoms prior to the one-month mark of the date of injury based on the high incidence of false positive reports causing a great risk of diagnostic confusion and/or identification of findings that were present before symptoms began and may not be related to an applicant's current symptoms. The medical report of June 24, 2013 does not document evidence of neurologic compromise and the MRI was ordered less than one month from the date of injury. 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

/mbg

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.