
Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	4/1/2013
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002654

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI lumbar spine is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MRI thoracic spine is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MRI thoracic 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 *** 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.

Expert Reviewer Case Summary:

The applicant, Mr. [REDACTED], is a 51-year-old [REDACTED] mechanic who has filed a claim for mid and low back pain reportedly associated with an industrial injury of April 1, 2013.

Thus far, he has been treated with the following: Analgesic medications; 8 to 12 sessions of therapy; x-rays of the lumbar spine of April 2, 2013, read as negative for fracture; transfer of care to and from various providers in various specialties; and reported return to restricted duty work.

The most recent progress report of July 9, 2013 is notable for comments that the applicant is currently working with restrictions, reports 4/10 nonradiating low back pain, exacerbated by bending and lifting. The applicant is presently on Tylenol, Naprosyn, and Protonix. He exhibits tenderness about the lumbar and thoracic paraspinal muscles. Lower extremity strength is scored at 5/5 throughout. Positive straight leg raising is reportedly appreciated. Recommendations are made for the applicant to obtain lumbar and thoracic MRIs while returning to restricted duty work.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. [REDACTED]

[REDACTED]

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 Official Disability Guidelines (ODG), Indications for Imaging, which is not part of the MTUS.

The Expert Reviewer relied on the American College of Environmental and Occupational Medicine (ACOEM), Chapter 12, Low Back Complaints, Table 12-8, which is part of the MTUS.

Rationale for the Decision:

The ACOEM guidelines indicate the criteria for MRI imaging include suspicion of cauda equina syndrome, tumor, infection, and/or fracture. The guidelines suggest that unequivocal evidence of neurologic compromise warrants imaging studies in patients who have failed treatment and/or would consider surgery as an option. The records submitted and reviewed do not document suspicion of any indication for the requested MRI of the lumbar spine. Further, there is no evidence of neurologic compromise, or that the employee is being considered for surgery given failure of conservative therapies. **The request for MRI lumbar spine is not medically necessary and appropriate.**

2) Regarding the request for MRI thoracic 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), Indications for Imaging, which is not part of the MTUS.

The Expert Reviewer relied on the American College of Environmental and Occupational Medicine (ACOEM), Chapter 8, Neck and Upper Back Complaints, Table 8-8, which is part of the California MTUS.

Rationale for the Decision:

The ACOEM guidelines indicate that criteria for pursuit of MRI include evidence of red flag diagnoses such as a history of cancer, infection, and/or significant trauma, as well as to validate the diagnosis of neurologic compromise in preparation for an invasive procedure. The records submitted and reviewed do not document suspicion of fracture, tumor, or infection. In addition, there is no evidence that the employee has any signs or symptoms of neurologic compromise. The employee specifically denies any radiating complaints of pain and exhibits well preserved, 5/5 strength with normal sensation and reflexes on neurologic exam. Thus, MRI imaging is not indicated in this context. **The request for MRI thoracic 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;

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sab

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.