

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	9/25/2012
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0002914

- 1) MAXIMUS Federal Services, Inc. has determined the requested CT scan lumbar spine **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 requested CT scan lumbar spine **is 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 Preventative Medicine and Occupational 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 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 July 3, 2013:

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Patient name: [REDACTED]

Date of birth: [REDACTED]

Issue(s) to be analyzed: Please address the medical necessity for an urgent CT Scan of the lumbar spine.

Nurse Clinical summary: DOI: 09-25-2012 DOB: [REDACTED] DOS: 06-27-2013 EE returns for f/u of cervical, thoracic and lumbar spine strain. Unable to fully weight bear on the right lower extremity as this causes lower back pain resulting in tilted posture to the left. C/o ongoing pain in the cervical spine for which she had some acupuncture. Exam: Positive tenderness to the lower back over the paraspinal muscles. SLR in supine position is positive at 45° with the right leg. DTRs at Achilles and patellae are 1+. Gait antalgic. Taking Anaprox as directed and Flexeril. There is a surgery recommendation for a lumbar fusion and a CT Scan. This was apparently denied per report but not by [REDACTED]. No denial on file. Scan requested to take measurement for implants for the proposed fusion. Secondary review requested.

Reviewer comments

The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. The patient's mechanism of injury was noted to be lifting. The patient's medications were noted to include Flexeril 10 mg one tablet by mouth at bedtime for muscle spasm/tightness, Anaprox DS 550 mg one tablet by mouth twice a day for pain/inflammation, and tramadol. The patient's surgical history was not provided in the medical records. Diagnostic studies are noted to include official x-rays of the cervical spine report dated 11/09/2012 as read by Dr. [REDACTED] suggested musculoskeletal spasm and no acute fracture identified. Official x-rays of the thoracic spine report dated 11/09/2012 as read by Dr. [REDACTED] suggested no thoracic spine fracture or other acute changes noted. No significant chronic changes were noted. Official x-rays of the lumbar spine report dated 11/09/2012 as read by Dr. [REDACTED] suggested no lumbar spine fracture or other acute changes noted. No significant chronic changes were noted. An official MRI of the lumbar spine without contrast report dated 12/11/2012 as read by Dr. [REDACTED] suggested bilateral spondylosis of L5-S1 resulting in grade I anterolisthesis of L5 on S1. A shallow rightward disc bulge and facet arthropathy resulting in mild right lateral recess stenosis and moderate right neural foraminal stenosis was noted with mild to moderate left neural foraminal narrowing. An official MRI of the cervical spine without contrast report dated 03/11/2013 as read by Dr. [REDACTED] suggested cervical spondylosis. The most involved level was noted to be C5-6 with a broad rightward disc osteophyte complex which caused moderate central spinal stenosis. Mild to moderate central stenosis was present at C4-5. Other therapies are noted to include physical therapy and lumbar brace. The request for CT scan of the lumbar spine is non-certified. Guidelines recommend for unequivocal objective findings that identify specific nerve compromise on the neurological exam as sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. The documentation submitted for review indicated the requested CT scan was intended to assess for appropriate implant measurements pre-operatively. Based on the documentation submitted for review unequivocal objective findings of specific nerve compromise or questionable radiographs were not identified. As such, the request for urgent CT scan of the lumbar spine is non-certified.

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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 (received 7/24/13)
- Utilization Review Determination from [REDACTED] (dated 7/3/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a Ct scan 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), page 303-305, 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 was injured on 9/25/12 and experiences chronic low back pain. The medical records indicate that the employee has difficulty bearing weight on the lower extremity. The record indicates that the request for a CT scan is in preparation for pre-operative measures. The request was submitted for a CT scan lumbar spine.

The ACOEM guidelines indicate that CT scanning is the test of choice in determining the structural integrity of boney structures. In this case, prior MRI imaging suggests that the employee may have symptomatic spondylolisthesis for which spinal fusion surgery to rectify instability is being considered. As noted per ACOEM guidelines, evidence of neurologic compromise in those individuals who would consider a surgical option is sufficient evidence to warrant imaging studies. In this case, the employee has responded favorably to conservative treatment and the record indicates that the employee would consider a surgical remedy. The request for a CT scan lumbar spine **is 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

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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 employee and the employee's physician. MAXIMUS is not liable for any consequences arising from these decisions.