
Notice of Independent Medical Review Determination

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/18/2013

3/11/2010

7/24/2013

CM13-0003143

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI of the Lumbar Spine **is not 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 7/18/2013. 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 request for MRI of the 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 Internal 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 18, 2013:

“The patient is a 69-year-old female who sustained a cumulative trauma injury on 3/11/2010. She is currently diagnosed with lumbar disc displacement without myelopathy. A request was made for a lumbar MRI. Her previous lumbar MRI was on 2/4/11 and revealed left to right scoliotic curvature consistent with degenerative scoliosis of the lumbar spine, the L4-L5 intervertebral disc level demonstrates disc space narrowing and type I neurological change at a Schmorl's node type defect of the superior endplate of L5, an increase in facet imbrication and ligamentum flavum buckling is noted at the L3-L4 through L5-S1 with extension. An EMG/NCV on 4/27/11 showed evidence of bilateral lower extremity sensory polyneuropathy. On 6/26/13, she presented for a follow-up evaluation of her low back pain. It is noted that she also sees a urologist due to incontinence and reports of worsening of her incontinence. The physical examination showed limited lumbar range of motion. A neurological evaluation was not documented. There is no objective evidence of worsening/progression of her condition nor were there findings suggestive of red flag indications to warrant another MRI of the lumbar spine. Medical necessity is, therefore, not established at this point.”

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 7/24/2013)
- Utilization Review Determination from [REDACTED] (dated 7/18/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for MRI of the 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 Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Table 12-8, 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 March 11, 2010 to the back. The medical records provided for the review include the diagnoses of cervical and lumbar disc displacement without myelopathy. Treatments to date included diagnostic imaging, electrodiagnostic testing, physical therapy, acupuncture, and medication management. The request is for MRI of the Lumbar Spine.

MTUS ACOEM guidelines indicate magnetic resonance imaging (MRI) in an event of neurological deficits or red flag symptoms. The medical records submitted for review do not show any evidence of new neurological deficits or symptoms to require a repeat MRI of the lumbar spine. 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

/hs

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.