
Notice of Independent Medical Review Determination

Dated: 11/8/2013

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

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/12/2103
Date of Injury: 1/16/2007
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004150

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI of the lumber spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for GI consultation **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for weight loss program **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 a MRI of the lumber spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a GI consultation **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a weight loss program **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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 Family Practice 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 12, 2013

“Progress report dated 04/04/13 indicates that the claimant continues to complain of pain in the low back and describes a “pinched nerve” sensation over the left lumbar back. The claimant complains of weakness in the left lumbar back. The claimant complains of weakness in the left lower extremity and reports that at times the entire left leg feels numb. There is sharp and needle-like pain in the left low back area that changes with position. The claimant describes 2 episodes of increased pain in the left lumbar back, which lasted for several hours. Examination reveals mild to moderate tenderness over the left greater than right lumbar paravertebral musculature and left gluteus medius. There is tenderness over the left lumbar paravertebral spinal musculature and gluteus with palpable twitch response and multiple trigger points. with pain referral pattern. The provider recommends trial of trigger point injection.

PR-2 dated 07/08/13 indicates that the claimant has low back pain and mid back pain with worsening of low back pain symptoms. Examination reveals tenderness. limited range of motion. and spasm. There is pain in the right sacroiliac joint. The provider recommends continued medications, gastrointestinal consult. Weight loss program and new MRI. The claimant remains off 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. These documents included:

- Application for Independent Medical Review (received 07/26/2013)
- Utilization Review Determination from [REDACTED] (dated 07/12/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a MRI of the lumber 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) Chapter 12, Page 304, which is part of the California Medical Treatment Utilization Schedule (MTUS), and the Official Disability Guidelines (ODG), Low Back, which is not part of the California Medical Treatment Utilization Schedule MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, Chapter 12, pgs. 303-305, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee reported a work related injury to the lumbar spine on 1/16/07. The request is for a MRI of the lumbar spine.

ACOEM Guidelines indicate “When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery.” The medical records provided for review indicate that the employee had intact sensation, reflexes, coordination, muscle strength, and tone; however, the medical records do not show evidence of progressive neurological deficits in the lumbar spine and bilateral lower extremities. **The request for a MRI of the lumbar spine is not medically necessary and appropriate.**

2) Regarding the request for a GI consultation:

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) Chapter 7, Page 127, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Cornerstones of Disability Prevention and Management, Chapter 5, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee reported a work related injury to the lumbar spine on 1/16/07. The request is for a GI consultation.

ACOEM Guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The medical records provided for review do not show evidence of a specific rationale for the requested GI consultation for the employee. **The request for a GI consultation is not medically necessary and appropriate.**

3) **Regarding the request for a weight loss program:**

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) Chapter 7, Page 127, which is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Cornerstones of Disability Prevention and Management, Chapter 5, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee reported a work related injury to the lumbar spine on 1/16/07. The request is for a weight loss program.

ACOEM Guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The medical records provided for review lacked evidence of the employee's current height, weight and BMI. The guideline criteria have not been met. **The request for a weight loss program 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
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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 patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.