

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/5/2013  
Date of Injury: 11/10/2011  
IMR Application Received: 7/29/2013  
MAXIMUS Case Number: CM13-0004671

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60-year-old male who reported an injury on 11/10/2011 while lifting a back of garbage prior to throwing it into a dumpster. The patient was initially given pain medication to relieve his pain. When the analgesics were ineffective, the patient received an MRI on 12/15/2011. The results revealed the patient had a chronic lumbar sprain/strain and intervertebral disc disruption, and discogenic sciatica into left lower extremity L4-L5. The patient has continued complaints of lower back pain that has been unrelieved with conservative treatment, to include physical therapy, home exercises, and chiropractic care.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. Outpatient MRI of the lumbar spine and nerve conduction study (NCS) of the left lower extremity with a right lower extremity study is not medically necessary and appropriate.**

The Claims Administrator based its decision on the California MRI back, which is not part of the MTUS. The Claims Administrator also cited the ACOEM Occupational Medicine Practice Guidelines 2004 edition, Chapter 12 (Low Back Complaints), which is part of the MTUS, and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pg. 303, which is part of the MTUS. The Physician Reviewer also cited the Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS/ACOEM Guidelines indicate that MRI's are useful for diagnosing this type of lower back problem. The guidelines also indicate that electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks, and that they can be useful when the neurological examination is less clear. The Official Disability Guidelines indicate that repeat MRI's are not routinely recommended unless the patient has had a significant change in his condition that would be suggestive of pathological symptoms such as a tumor, infection, fracture, neurocompression, or recurrent disc herniation. The guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The medical records provided for review do not provide evidence to support the status of the employee, therefore, a repeat MRI would not be warranted. The medical records provided for review indicate that the employee had not been compliant with treatment, and did not follow up with the recommended home health exercise program. The medical records from the exam performed on 05/30/2013, does not provide up-to-date information regarding the employee's pain or function levels. It is unclear what medications or other conservative treatment the employee may have used to care for the back. Without a current comprehensive physical exam, or objective information regarding the employee, it is unclear whether or not the condition has improved. **The request for outpatient MRI of the lumbar spine and nerve conduction study (NCS) of the left lower extremity with a right lower extremity study is not medically necessary and appropriate.**

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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.

[REDACTED]

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