

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	6/13/2007
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006394

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/29/2013. 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 lumbar spine and right shoulder 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 Preventive 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.

Expert Reviewer Case Summary:

The applicant, Mr. [REDACTED], is a represented former gardener who has filed a claim for chronic low back, shoulder, and neck pain reportedly associated with an industrial injury of June 13, 2007.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; approximately 20 sessions of manipulative therapy over the life of the claim; 30 sessions of acupuncture over the life of the claim; and apparent treatment for reactive depression.

In a utilization review report of July 17, 2013, the claims administrator denied authorization for lumbar MRI imaging and a right shoulder MRI.

A prior progress note on June 25, 2013 is notable for comments that the applicant reports throbbing low back pain, 9/10, and radiating to the right leg. Neck pain and right leg pain are also appreciated. There is little or no mention of the applicant's shoulder issues. The applicant exhibits diminished shoulder range of motion with 110 degrees of abduction about the right shoulder and 130 degrees about the left shoulder. Right lower extremity strength is scored at 4-5/5 versus 5/5 by left lower extremity. There is some evidence of hyposensorium also appreciated. A repeat lumbar MRI is sought. First time shoulder MRI is sought. The applicant remains off of work, on total temporary disability.

It is noted that the applicant has had prior lumbar MRI of January 24, 2011, demonstrating low-grade disk protrusions of uncertain clinical significance.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for MRI lumbar spine and right shoulder:

Section of the Medical Treatment Utilization Schedule 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), Chapter 9, pgs. 207-208, which is part of the MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (ODG), Low Back Chapter, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) and Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), which are part of the MTUS.

Rationale for the Decision:

While the MTUS-adopted ACOEM guidelines in chapter 12 suggests that unequivocal evidence of neurologic compromise in those individuals who would consider surgical intervention does represent criteria for pursuit of imaging studies, in this case, however, it is not clearly stated that the employee would consider surgical intervention if offered. It is not clearly stated how repeat lumbar MRI imaging would alter the treatment plan. The employee may have some neurologic complaints and neurologic signs on exam; it does not appear that surgical treatment would be considered. As noted in the MTUS-adopted ACOEM guidelines in chapter 9, primary criteria for pursuit of imaging studies include the presence of limitations due to consistent symptoms that have persisted for one month or greater. In this case, however, the bulk of the employee's symptoms seemingly pertain to the lumbar spine and right shoulder. On the most recent progress note provided, there was no specifically voiced complaint of shoulder pain. Given the multifocal and widespread nature of the employee's complaints, it is difficult to support MRI imaging here, particularly in the absence of any clearly voiced complaints of shoulder pain. **The request for MRI lumbar spine and right shoulder 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

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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.