

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	5/5/2006
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006716

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 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 Physical Medicine and Rehabilitation 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:**

This patient's underlying date of injury is 05/05/2006. The patient was born on 08/02/1953. The patient's diagnoses include lumbar degenerative disc disease, lumbar compression fracture, and bilateral knee pain. A prior MRI of the lumbar spine of 08/18/2010 demonstrated multiple protrusions as well as a 5-6 mm paracentral disc extrusion at L1-L2 and a possible extrusion at L5-S1.

On 04/16/2013, the treating physician saw the patient in followup and reviewed the initial mechanism of injury when the patient was lifting a large dog and injured her left knee. The patient reported worsening low back pain with numbness in her legs and feet, and the patient reported she needed to use interferential stimulation in order to get out of bed in the morning. On physical examination the patient had normal strength in the lower extremities with negative straight leg raising. The patient was noted to have a tingling sensation on the anterior and lateral right thigh, although no specific objective abnormality was noted on sensory testing. The treating physician requested an updated MRI, noting that the patient desires an MRI to further assess her low back and leg pain given that her last MRI was years ago.

An initial physician review concluded that the requested MRI was not medically necessary.

### **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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

#### **1) Regarding the request for MRI lumbar spine:**

##### 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 CA MTUS-ACOEM Occupational Medicine Guidelines 2<sup>nd</sup>, Chapter 12, Special Studies and Diagnostic and Treatment Considerations, as well as ODG Internet, Low Back, MRIs, which is not a part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG) Low Back section: MRI

##### Rationale for the Decision:

CA MTUS does not address repeat MRIs. The Official Disability Guidelines, Low Back indications regarding MRI imaging states, "*Repeat MRIs are indicated only if there has been progression of neurological deficit.*" The medical records submitted for review at this time do not document progression of a neurological deficit. Therefore, the treatment guidelines do not support the requested MRI, nor do the medical records provide a rationale clinical flow chart as to how a repeat MRI would alter the employee's treatment plan at this time. **The request for MRI 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.