

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/25/2013

Date of Injury:

10/3/2005

IMR Application Received:

8/5/2013

MAXIMUS Case Number:

CM13-0006723

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one spiral computerized tomograph (CT) scan myelogram of lumbar spine with 1mm cuts and sagittal coronal reconstruction (between 07/10/2013 and 09/22/2013)** 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 7/25/2013. 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 **one spiral computerized tomograph (CT) scan myelogram of lumbar spine with 1mm cuts and sagittal coronal reconstruction (between 07/10/2013 and 09/22/2013) 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 Radiologist 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 patient is a 60-year-old male who reported an injury on 10/02/2005 after carrying fencing weighing approximately 5 pounds when he slipped and fell backwards landing on his back. The patient underwent surgery of the lumbar spine at the L4-5 level in 01/2010. The patient underwent an MRI of the lumbar spine on 08/08/2012 that revealed bilateral laminectomies at L4-5 with fusion, moderate canal stenosis at L3-4, and severe bilateral neural foramina at the L3-4 and L4-5 levels. The patient has received physical therapy, epidural injections, and medication management. The patient complained of progressive back pain and radicular symptoms. Clinical findings included a positive straight leg raise test bilaterally and tenderness and tightness of the lumbar spine. The patient's diagnoses included a lumbar strain and a failed back surgery with residual radiculopathy. The patient's treatment plan included ambulation assistance in the form of a cane and continued medication management.

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 one spiral computerized tomograph (CT) scan myelogram of lumbar spine with 1mm cuts and sagittal coronal reconstruction (between 07/10/2013 and 09/22/2013):

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 Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic), which is not part of the 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 the Official Disability Guidelines (ODG) Low Back Chapter, Myelography.

Rationale for the Decision:

The Official Disability Guidelines indicate that the criteria for CT myelography includes evidence of a cerebrospinal fluid leak, surgical planning, radiation therapy planning, diagnostic evaluation of clinical covering of the spinal cord, correlation of findings on an MRI study, or the precluded use of an MRI. The medical records provided for review does not show evidence that the employee had surgical hardware secondary to a lumbar fusion. The medical records indicate that the employee underwent an MRI after the lumbar fusion, and the MRI was clearly interpreted by the reading physician. **The request for one spiral computerized tomograph (CT) scan myelogram of lumbar spine with 1mm cuts and sagittal coronal reconstruction (between 07/10/2013 and 09/22/2013) 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.