

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested magnetic resonance imaging (MRI) of the cervical spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/25/2013 disputing the Utilization Review Denial dated 4/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/20/2013. 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 requested magnetic resonance imaging (MRI) of the cervical 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, has a subspecialty in Pain Management 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 April 15, 2013

“38 year old man with DOI 1/17/2013, a reported back and neck injury related to a motor accident in which the claimant swerved into a ditch to avoid another vehicle. The claimant has yet to return to work, and care has included medications, formal PT and chiropractic treatments. Evaluation of the low back with MRI scan 3/7/2013 which described a 4-5mm bulge at L4-5.

“Orthopaedic evaluation 3/3/2013 did not describe any findings of cervical radiculopathy or serious derangement. The 4/5/2013 hand-written notes are difficult to decipher, but no findings of a cervical radiculopathy or derangement are noted.”

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
- Utilization Review Determination (dated 4/15/13)
- Employee medical records from [REDACTED], MD (dated 1/17/13)
- Employee medical records from [REDACTED] (dated 1/22/13-5/31/13)
- MRI reports from [REDACTED] (dated 3/2/13-3/7/13)
- Electrodiagnostic Evaluation from [REDACTED], MD (dated 5/8/13)
- Employee medical records from [REDACTED], MD (dated 3/3/13-5/20/13)

- Employee medical records from [REDACTED] (dated 2/15/13-6/3/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back

1) Regarding the requested magnetic resonance imaging (MRI) of the cervical 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 8, Neck and Upper Back. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained injury to the neck and back in a work-related motor vehicle accident on 1/17/13. Medical records provided and reviewed show treatment has consisted of medications, physical therapy, and chiropractic visits. The medical record from 4/5/13 is a handwritten, difficult to decipher note that does not document a full neurologic examination, red flags, or other relevant findings meeting the ACOEM criteria for the requested cervical MRI. The requested magnetic resonance imaging (MRI) of the cervical spine **is not medically necessary or 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;

Richard C. Weiss, MD, MPH, MMM, PMP
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.