

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	4/17/2013
Date of Injury:	1/21/2013
IMR Application Received:	4/30/2013
MAXIMUS Case Number:	CM13-0000280

- 1) MAXIMUS Federal Services, Inc. has determined the requested CT of the head **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/30/2013 disputing the Utilization Review Denial dated 4/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/27/2013. 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 CT of the head **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 Neurology, 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 17, 2013

*“Claimant complains of cervical spine pain, chest pain, anxiety, vertigo, dizziness, tingling of the left upper extremity, left shoulder pain, and right arm pain. On physical examination of the cervical spine, there is moderate bilateral tenderness. ROM with moderate pain. There is 1+TTP posterior left shoulder. There is moderate tenderness at T1-T4, T4-T8. Head MRI reveals numerous irregularities with definitive diagnosis. Cervical MRI reveals ventral cord flattening lower cervical region and neuroforaminal narrowing, loss of lordosis. Claimant is on medications. Requesting for CT Scan of the Head.”*

### **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 (dated 4/30/2013)
- Utilization Review by [REDACTED] (dated 4/17/2013)
- Employee Medical Records from [REDACTED] (dated 1/22/13-4/9/13)
- Employee Medical Records from [REDACTED] (dated 1/22/2013)
- Employee Medical Records from [REDACTED], MD (dated 3/15/13)
- Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) into the MTUS from the ACOEM Practice Guidelines pages 177-179.

### **1) Regarding the request for CT of the head:**

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009) head Chapter, which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS relevant and appropriate, and based his/her decision on the ODG (most recent version) Head Chapter, a medical treatment guideline (MTG).

#### Rationale for the Decision:

The employee sustained injuries involving her neck, back, arm, hand, and head on 1/21/13. The medical records provided for review indicate treatment has included oral analgesics, physical therapy, and an MRI of the head, which revealed numerous irregularities, though no report was provided for review.

MTUS does not specifically address CT scan, therefore, the Official Disability Guidelines (ODG) were referenced. ODG states that CT scan of the brain is useful post trauma if there is suspected bleeding or fracture; it also states that an MRI is more sensitive. The MRI has already been completed, and there is nothing medically which would be further clarified by a CT scan. A CT of the head **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;

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