

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 retrospective request for cervical MRI is not **medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/2/2013 disputing the Utilization Review Denial dated 4/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/30/2013. 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 retrospective request for cervical MRI 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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013

Clinical summary: The claimant was injured on March 18, 2013, when lifting a 90 pound dog. (3/18/13) reports severe pain in right elbow that shoots down to fingertips, particularly 3-5 metatarsals and up to medial shoulder; pain worse with lifting, chopping, writing and driving; (3/18/13) reports lifting a 95 pound dog when she felt right upper extremity pain over lateral epicondyle and left cervicothoracic pain; reports similar injury in August 2012 which completely resolved; paresthesias to dorsum of hand and all fingers occasionally; (3/20/13) little significant change in left greater than right cervicothoracic pain and left upper extremity complaints; (3/22/13) acute right lateral elbow; cervicothoracic pain slightly better; (3/25/13) presents with acute right lateral and forearm pain; (3/27/13) little significant change; (3/28/13) still working occasionally lifting and moving animals during emergencies despite restrictions; now notices occasional twitching of right forearm and fingers. Exam reveals, tenderness right paravertebral muscles at C5-6, can resist movement in all directions; tenderness right upper volar forearm, extremely tender with light palpation; muscle spasming noted in thumb and index finger of right hand; ÅY grip strength on right, increased to 4/4 momentarily with encouragement; 4/4 throughout other upper extremity muscle groups; intact to light touch bilateral upper extremities.

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 from [REDACTED] (dated 4/8/13)
- Employee medical records from [REDACTED] (dated 3/14/13)
- Employee medical records from [REDACTED], MD (dated 3/15/13-4/30/13)
- Employee medical records from [REDACTED], MD (dated (4/29/13)
- Employee medical records from [REDACTED] (dated 3/15/13)

1) Regarding the request for retrospective request for cervical MRI:

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

The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), which is part of the Medical Treatment Utilization Schedule (MTUS). 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 injured the right upper extremity at work on March 12, 2013 while lifting a 90-pound dog. The medical records provided and reviewed indicate employee has been treated with medication, sling, physical therapy, chiropractic treatments, and acupuncture. The medical report of 3/14/13 documents the neck as being non-tender and supple. Neural tension signs are not elicited and the neurologic exam is described as "distal sensation is intact" and "grip strength is intact." The request for cervical MRI is seen in the medical record dated 3/28/13 which documents neck pain and left arm numbness. The physical examination demonstrates tenderness in the paravertebral muscles at C5-6 and 3/4 grip strength on the right which increases to 4/4 with encouragement. The other muscle groups are rated 4/4. Sensation is noted to be intact and deep tendon reflexes are 1+ bilaterally.

ACOEM, Chapter 8, Neck and Upper Back Complaints, supports the ordering of imaging studies for: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. It is further noted that physiologic evidence may be in the form of definitive neurologic findings on physical examination. Given the lack of positive neurologic findings for this employee, the criteria of the California MTUS have not been reached for the requested cervical MRI. The retrospective request for cervical MRI 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, 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.