
Notice of Independent Medical Review Determination

Dated: 10/1/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/15/2013

2/18/2013

5/28/2013

CM13-0000496

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/28/2013 disputing the Utilization Review Denial dated 5/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 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 & Rehabilitation, and has a subspecialty in Chiropractic and Acupuncture 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 May 15, 2013:

“A year old male Neck pain with upper extremity paresthesias, frequent aching pain moderate 6/10, aggravating with any neck movement, mild, moderate spasm with mild to moderate swelling posterior right side. Tenderness posterior lower third to posterior bilateral trapezius. Cervical range of motion flexion 45 degrees with mild pain, extension 45 degrees moderate pain, lateral right/Left flexion 45/45 degree, rotation Right/Left 80/80 degrees. requesting MRI Cervical Spine.”

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 (received 5/28/2013)
- Utilization Review Determination from [REDACTED] (dated 05/15/2013)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for MRI 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 Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), (page not cited), part of the Medical Treatment Utilization Schedule (MTUS). The

provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator were not appropriate for the employee's clinical circumstance. The Expert Reviewer found the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), page 177-178, a part of (MTUS), applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 2/18/13. The submitted and reviewed medical records indicate prior treatment has included acupuncture, medications, and physical therapy. The records indicate the employee continues to experience neck pain with paresthesias radiating to the hands. A request has been submitted for MRI cervical spine.

MTUS ACOEM guidelines note that imaging is necessary when there is physiologic evidence of neurologic dysfunction. Per the guidelines, unequivocal findings that identify specific nerve compromise on neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The submitted medical records do not include clinical or objective findings to suggest nerve compromise. The guidelines suggest obtaining more physiologic evidence of nerve compromise before ordering an imaging study. The requested MRI cervical 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;

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

/srb

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.