

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

6/5/2013

Date of Injury:

3/29/2013

IMR Application Received:

6/17/2013

MAXIMUS Case Number:

CM13-0000733

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI for the cervical spine without contrast **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/17/2013 disputing the Utilization Review Denial dated 6/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/22/2013. 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 for the cervical spine without contrast 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 Occupational 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.

Expert Reviewer Case Summary:

The applicant is a represented [REDACTED] worker who has filed a claim for chronic neck pain, shoulder pain, headaches, and paresthesias reportedly associated with an industrial injury of March 19, 2013.

Thus far, the applicant has been treated with the following: Analgesic medications; an ergonomic evaluation; unspecified amounts of physical therapy over the life of the claim; electrodiagnostic testing of June 14, 2013, notable for a mild right carpal tunnel syndrome with no evidence of cervical radiculopathy; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of June 5, 2013, the claims administrator approved a request for electrodiagnostic testing of the cervical spine and right upper extremity, but denied a request for MRI imaging of the cervical spine.

The applicant subsequently appealed, on June 11, 2013.

A preceding progress note of May 10, 2013 was notable for comments that the applicant reported persistent neck, shoulder, wrist, forearm, elbow, and hand pain. The applicant also reported right-sided facial numbness and also reported complaints of tingling. The applicant exhibited positive Spurling maneuver, normal upper extremity sensorium, and normal upper and lower extremity motor strength, tone, and gait. The applicant was place off of work and asked to pursue electrodiagnostic testing and an MRI of the cervical spine.

Later notes of July 19, 2013 and August 8, 2013, were also notable for comments that the applicant remained off of work, on total temporary disability. The applicant was again describe as exhibiting normal upper and lower extremity strength, normal range of motion, intact upper and lower extremity sensorium, and normal gait. The applicant

received a radial tunnel steroid injection on August 8, 2013. The applicant apparently underwent a cervical MRI of July 27, 2013 which was largely negative, demonstrating only multilevel spinal stenosis and 3 mm distribution at C6-C7 without significant associated foraminal stenosis.

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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for MRI for the cervical spine without contrast:

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 ACOEM Guidelines 2nd Edition, Chapter 8, Neck, Table 8-7, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), Chapter 8, Table 8-8 which is part of MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM Guidelines in chapter 8, table 8-8, MRI and/or CT imaging can be endorsed to validate a diagnosis of nerve root compromise based on clear history and physical exam findings, in preparation for an invasive procedure. MRI imaging can also be endorsed to identify red flag diagnoses such as cancer, tumor, fracture, and/or infection. In this case, however, there was no evidence that the employee met any of the aforementioned criteria. There was no evidence that the employee planned to pursue any operative intervention pertaining to the cervical spine. There was no evidence of clear history and physical exam findings suggestive of cervical radiculopathy. The employee's well-preserved upper extremity strength and sensorium argued against any bona fide cervical radiculopathy. Finally, the cervical MRI performed on July 27, 2013 did not reveal any evidence of a significant disk herniation, spinal stenosis or neuroforaminal stenosis which would require mandate surgical correction. For all these reasons, the original utilization review decision is upheld. The request remains non-certified, on independent medical review. **The request for MRI for the cervical spine without contrast 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

/cmol

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.