

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/27/2013

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/10/2013
Date of Injury:	2/26/2013
IMR Application Received:	7/1/2013
MAXIMUS Case Number:	CM13-0000899

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the cervical spine is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/1/2013 disputing the Utilization Review Denial dated 6/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/1/2013. 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 of the cervical spine is 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.

### **Expert Reviewer Case Summary:**

The medical records indicate a mechanism of injury of a fall onto the back and head with a specific concern of a cervical spine injury. Dr. [REDACTED]'s report dated 3/26/13 specifically documents pain over the shoulders and arms with tingling over the shoulders. Dr. [REDACTED]'s physical exam was remarkable for weakness over the biceps and deltoids. The patient was diagnosed with cervical disc degeneration and radiculopathy (ICD9 722.0,723.4).

### **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 by Claims Administrator
- Employee's Medical Records by Claims Administrator
- California Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for 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), 2<sup>nd</sup> Edition, (2004), Neck and Upper Back Complaints, Chapter 8, pg. 181-183 which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004), Neck and Upper Back Complaints, Chapter 8, pg. 182, which is part of the MTUS.

Rationale for the Decision:

ACOEM guidelines describe that a cervical spine MRI is indicated for red flag diagnosis which includes “neurologic deficit associated with acute trauma.” Per medical records submitted and reviewed, the employee presented specifically with a history of trauma to the cervical spine area, and the physical examination indicated neurologic deficit, specifically weakness of C5/C6 innervated muscles. **The request for MRI of the cervical spine is 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/ldh

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.