

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270

**Independent Medical Review Final Determination Letter**

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Dated: 12/27/2013

<b>IMR Case Number:</b>	CM13-0000952	<b>Date of Injury:</b>	3/17/2013
<b>Claims Number:</b>	██████████	<b>UR Denial Date:</b>	6/7/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	7/5/2013
<b>Employee Name:</b>	██		
<b>Provider Name:</b>	██		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	76498 MRI		

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
 Medical Director

cc: Department of Industrial Relations, ██████████

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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 disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant sustained a work-related injury on 03/17/2013. The claimant works as a housekeeper and reports activities of bending, twisting, lifting, pushing and pulling. She has complaints of neck, upper back and bilateral shoulder pain. The treating provider has requested MRI studies of the cervical spines and shoulder. The provider has also requested chiropractic visits.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1. MRI is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Medscape Internal Medicine 2012, Indications for MRI for evaluation of shoulder and neck.

The Physician Reviewer's decision rationale:

There is no specific documentation provided necessitating MRI studies of the cervical spine and shoulder. MRI evaluation of the cervical spine is indicated for evaluation of neurologic deficits or increased or debilitating pain. There is no documentation of radiculopathy or any abnormal findings on physical exam. There is also no documentation of intractable pain unresponsive to medical therapy. MRI of the shoulder is indicated to evaluate for rotator cuff pathology. There is no documentation of any abnormalities on exam of the shoulder such as positive Drop test, positive Neer or Hawkins tests. There is no specific indication for the requested MRI studies.

Medical necessity for the requested MRI studies has not been established. The requested service is not medically necessary.

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.

[REDACTED]

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