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**Notice of Independent Medical Review Determination**

Dated: 8/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/21/2013
Date of Injury:	2/15/2013
IMR Application Received:	7/5/2013
MAXIMUS Case Number:	CM13-0000986

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/5/2013 disputing the Utilization Review Denial dated 6/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/8/2013. 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 an MRI of cervical spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of lumbar 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 and Rehabilitation 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 June 21, 2013.

Patient is a 61 year old female Dept. Store receiving employee with a date of injury of 02/15/2013. The patient was injured after working 3 weeks and 1 day for new employer when she developed overuse syndrome of multiple sites due to opening boxes and stocking merchandise. Dr. [REDACTED] is treating the patient for an aggravation of a pre-existing condition. The diagnosis is Cervical multi-level HNPs and radiculitis, lumbar L4 PARS Lytic defects, probable lumbar HNP and sciatica. The patient has a history of hip arthritis and Fibromyalgia for at least 10 years and has been seen by multiple specialists for this condition as well as pain the neck and lumbar spine, hip, and upper extremities. She was seen as recently as 2012 for epidural steroid injections to neck and back. The patient has received 21 chiropractic visits, at least 12 physical therapy visits. MRI of the cervical spine dated 7/19/12 noted mild left facet arthritis at C2-3, C3-4. At C4-5 small posterior disk osteophyte complex which impinges upon the anterior subarachnoid space and mild bilateral facet arthritis. C5-6 posterior disk osteophyte complexes which are mild/moderate bilateral lateral narrowing by disk and osteophyte. C6-7 small posterior disk osteophyte complex with effacement into the subarachnoid space. No significant change compared with 4/22/09 MRI. Lumbar MRI dated 7/13/12 noted Mild degenerative/disk diseases superimposed on a narrow spinal canal resulting in mild spinal canal stenosis from L1 to L5, greatest at L3-4. Mild narrowing of the neuroforamina bilaterally from L2 to L5. Mild narrowing of the right neural foramina at L1-2 and L5-S1. No significant change compared with 5/29/08 MRI.

[REDACTED] MD reports on 6/14/13 noted the patient complained of persistent neck, bilateral upper extremity, trans-axial lumbar and bilateral lower extremity pain, left groin pain. Cervical MRI noted moderate central C4-5 through C6-7, positive central HNP's C5-6, C6-7. Lumbar MRI noted lytic pars defects right L4 and Grade I anterolisthesis.

Request is for MRI of the cervical spine and MRI of the lumbar 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
- Utilization Review Determination by [REDACTED] (dated 6/21/13)

- Medical Records by [REDACTED] (dated 2/19/13 to 3/13/13)
- Medical Records by [REDACTED], M.D. (dated 3/20/13 to 6/14/13)
- Medical Records by [REDACTED] (dated 5/3/13 and 6/7/13)
- Medical Records by [REDACTED] M.D. (dated 5/3/13 to 6/7/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) – Neck and Upper Back Chapter, pages 177-179; Low Back Chapter, pages 303-305, 308-310
- Official Disability Guidelines (ODG) – Neck Chapter, MRI section; Low Back Chapter, MRI section

**1) Regarding the request for an MRI of 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) Guidelines, 2<sup>nd</sup> Edition, (2004) – Neck and Upper Back Chapter, pages 177-179, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Neck Chapter, MRI section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee was injured on 2/15/13 and has experienced persistent pain in the neck, trans-axial lumbar, left groin, and bilateral upper and lower extremities. The employee aggravated a pre-existing condition and has been diagnosed with cervical multi-level herniated nucleus pulposus and radiculitis, lumbar L4 lytic defects, probable lumbar herniated nucleus pulposus, and sciatica. Treatment to date has included 21 chiropractic visits and at least 12 physical therapy visits. A request was submitted for an MRI of cervical spine.

The ACOEM guideline lists criteria for ordering imaging studies and includes the following: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. The employee’s medical records received and reviewed did not show evidence of neurologic deficits or change in neurologic examination to warrant an MRI. The guideline criteria are not met. The request for an MRI of cervical spine is not medically necessary and appropriate.

**2) Regarding the request for an MRI of lumbar 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) Guidelines, 2<sup>nd</sup> Edition,

(2004) – Low Back Chapter, pages 303-305, 308-310, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Neck Chapter, MRI section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 2/15/13 and has experienced persistent pain in the neck, trans-axial lumbar, left groin, and bilateral upper and lower extremities. The employee aggravated a pre-existing condition and has been diagnosed with cervical multi-level herniated nucleus pulposus and radiculitis, lumbar L4 lytic defects, probable lumbar herniated nucleus pulposus, and sciatica. Treatment to date has included 21 chiropractic visits and at least 12 physical therapy visits. A request was submitted for an MRI of lumbar spine.

The ACOEM guideline indicates MRI may be appropriate if physiologic evidence indicates tissue insult or nerve impairment. The employee's medical records received and reviewed did not include a detailed lumbar history, neurological examination, or physical examination. The guideline criteria are not met. The request for an MRI of lumbar 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, 18<sup>th</sup> 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.



