

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009



**Notice of Standard Independent Medical Review Determination
Case No. CM13-000033**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

MAXIMUS Federal Services, Inc. has determined the requested magnetic resonance imaging (MRI) of cervical spine without contrast is **not medically necessary**.

MAXIMUS Federal Services, Inc. has determined the requested electromyography / nerve conduction velocity (EMG/NCV) testing of upper left extremity is **not medically necessary**.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on March 4, 2013 disputing the Utilization Review Denial dated February 12, 2013. A Notice of Assignment and Request for Information was provided to the above parties on April 23, 2013. A decision has been made for each of the treatment and/or services that were in dispute:

MAXIMUS Federal Services, Inc. has determined the requested magnetic resonance imaging (MRI) of cervical spine without contrast is not medically necessary.

MAXIMUS Federal Services, Inc. has determined the requested electromyography / nerve conduction velocity (EMG/NCV) testing of upper left extremity is not medically necessary.

Medical Qualifications of the Professional 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 Neurology 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 professional 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 February 12, 2013

“Diagnosis: Trapezius strain, Cervical strain, Thoracic strain, Upper back pain. The patient is a 54 year-old female patient status/post injury 1/8/13. Discussion: The injury is 1 month old. There is no history of trauma. Symptoms reportedly developed while sitting at a computer. Subjectively, there is pain. Intensity is mild. Frequency is constant. There is some radiation from (L) upper back into shoulder and upper arm. There is no mention of dermatomal or peripheral nerve distribution. There are no paresthesias. There is tenderness. There is pain with motion. There is no mention of dermatomal or peripheral nerve distribution hypesthesia. Reflexes are symmetric. Cervical x-rays demonstrate moderate degenerative changes. The diagnoses are strain and pain. There is no neurologic diagnosis. No red flag. Treatment has included oral NSAID and muscle relaxant medications. There is no mention of formal PT. No mention of home exercises. No mention of ergonomic modifications of the work station. There has been no convincing failure of conservative treatment. There is no surgical plan, and given the above clinical picture, none would be expected. There is no mention how the results of these diagnostic studies will impact the treatment plan. Nor are the studies indicated for reassurance...

“Subjective: Patient presents in follow-up visit. She complains of upper back pain which began 1/8/13. No numbness or tingling or similar prior problem. It is a mild intensity and frequency is constant. Feels about the same. Continues to have left upper back pain radiating to left shoulder and left upper arm.

“Objective: ROS reviewed. Some tenderness left lower cervical paravertebral muscles. ROM of neck in any plane about 50% due to pain. Mild tenderness left upper back over the trapezius. Tenderness left shoulder and lateral aspect of left upper arm.”

Documents Reviewed for Determination:

The interested parties were notified that the review was assigned on a standard basis. The relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- 2 Applications for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 2/12/13)
- Employee’s Physical Therapy Daily Note (dated 1/24/13)
- Employee’s Medical Evaluation by [REDACTED] (dated 2/5/13)
- Employee’s Medical Record by [REDACTED] (dated 1/17/13)
- Primary Treating Physician’s Progress Report (dated 2/5/13)
- Doctor’s First Report of Occupational Injury or Illness (dated 1/11/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004 Guidelines – Tables 8-1, 8-8, 10-1, 10-3, 10-6, 11-1, 11-4, 11-7, and 12-7
- Official Disability Guidelines (ODG) (2009) – Neck Section: EMG Subsection; NCS Subsection; MRI Subsection

Regarding the request for magnetic resonance imaging (MRI) of cervical spine without contrast:

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004 and Official Disability Guidelines (ODG) (2009). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the evidence-based criteria used by the Claims Administrator relevant and appropriate for the clinical circumstance.

Rationale for the Decision:

The patient is a 54 year old woman with the reported atraumatic onset of pain in January 2013, across the shoulder, without described neurologic findings such as weakness, sensory loss, or reflex changes. Pain is described as mild and constant. X-rays describe mild spondylosis, and disc space narrowing. Diagnoses have been of cervical, thoracic and trapezius strain. MRI is likely to show spine abnormalities that are

age related, not a function of the patient's syndrome, and is not likely to help guide decision-making.

Testing should facilitate diagnosis and treatment decision-making. The provided medical records are consistent with a myofascial pain syndrome. Results of tests are not likely to alter treatment options.

Regarding the request for electromyography / nerve conduction velocity (EMG/NCV) testing of upper left extremity:

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004 and Official Disability Guidelines (ODG) (2009). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the evidence-based criteria used by the Claims Administrator relevant and appropriate for the clinical circumstance.

Rationale for the Decision:

The patient is a 54 year old woman with the reported atraumatic onset of pain in January 2013, across the shoulder, without described neurologic findings such as weakness, sensory loss, or reflex changes. Pain is described as mild and constant. X-rays describe mild spondylosis, and disc space narrowing. Diagnoses have been of cervical, thoracic and trapezius strain. In the absence of significant focal signs or suspected distinct nerve injury, the yield of EMG/NCV is very low.

Testing should facilitate diagnosis and treatment decision-making. The provided medical records are consistent with a myofascial pain syndrome. Results of tests are not likely to alter treatment options.

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

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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.