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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/23/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	7/16/2013
Date of Injury:	5/28/2013
IMR Application Received:	8/19/2013
MAXIMUS Case Number:	CM13-0013219

DEAR [redacted],

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, [redacted]

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Ohio and Texas. 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 patient is a 35-year-old male who reported a work-related injury on 05/28/2013 as a result of repetitive motion. Subsequently, the patient has been treated for the following diagnoses: cervical spine strain and bilateral carpal tunnel syndrome. The patient was seen in clinic under the care of Dr. [redacted] on 06/26/2013. The provider documented upon physical exam of the patient's cervical spine range of motion was full with minimal tenderness reported. Reflex, motor, and sensory exam were all intact and symmetrical. The provider documented little trace weakness of opposition of thumb to the index finger and a positive Tinel's on the right radiating to the thumb, index, and long finger. The provider requested authorization for cervical MRI and EMG/NCV studies. The clinical note dated 08/06/2013 documents the patient was again seen under the care of Dr. [redacted]. The provider documented the patient's insurance company did not support imaging and electrodiagnostic studies prior to therapy; however, the provider is recommending imaging before active treatment is implemented.

IMR DECISION(S) AND RATIONALE(S)

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

1. MRI of the cervical spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 8, Neck and Upper Back, page 177-178, which is part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, page 178, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination due to a lack of any red flag findings upon physical exam of the patient and the patient did not present with any motor, neurological, or sensory deficits to support the requested imaging study at this point in his treatment. The patient was initially seen for a physical therapy evaluation on 09/04/2013. The examination revealed no motor, neurological, or sensory deficits. The California MTUS/ACOEM indicates, "when the neurological examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." Given all of the above, the request for MRI cervical spine is not medically necessary or appropriate.

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.

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