

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/12/2013  
Date of Injury: 3/15/1999  
IMR Application Received: 8/19/2013  
MAXIMUS Case Number: CM13-0013831

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 Orthopedic Surgeon, has a subspecialty in Spine Surgery 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 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] e
- Medical Treatment Utilization Schedule (MTUS)

### 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 57-year-old female who reported an injury on 03/15/1999 due to cumulative trauma while performing normal job duties. The patient was treated conservatively with physical therapy and medications. The patient underwent an anterior cervical fusion with bone graft and placement of hardware in 2008. The patient underwent trigger point injections and ligament repair surgery of the left wrist. The patient had ongoing neck pain and left upper extremity pain rated at a 5/10 to 6/10. Physical findings included reduced strength of the left upper extremity and tenderness to palpation along the cervical spinal musculature. The clinical documentation submitted for review did provide evidence that the patient's lumbar spinal assessment was within normal limits. There was no documentation of tenderness to palpation along the paraspinous process or reproduction of pain or radicular symptoms. The patient's diagnoses included myofascial pain; cervical radiculitis, left; history of cervical fusion; lumbar radiculitis versus piriformis syndrome; left wrist pain and extensor tendonitis. The treatment plan included a consultation with a hand specialist, MRI of the cervical spine, MRI of the lumbar spine, diagnostic testing to rule out piriformis and to continue medications.

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

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

#### **1. Re-consult and pain management for evaluation of piriformis for Botox injections of piriformis is not medically necessary and appropriate.**

The Claims Administrator based its decision on the The CA MTUS 2009: ACOEM Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition, 2004, page 127, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Botulinum toxin and 25, which is part of MTUS.

The Physician Reviewer's decision rationale:

The reconsult and pain management for evaluation of the piriformis for Botox injections of the piriformis is not medically necessary or appropriate. The clinical documentation does provide evidence that the patient has cervical and lumbar spine pain that is recalcitrant to conservative measures. The California Medical Treatment Utilization Schedule does not generally recommend Botox injections for chronic pain disorders but does recommend these types of injections for cervical dystonia. The clinical documentation submitted for review does not provide evidence that the employee has symptoms related to cervical dystonia.

## **2. MRI cervical spine without contrast is not medically necessary and appropriate.**

The Claims Administrator based its decision on the The CA MTUS 2009, Neck and Upper Back Complaints. ACOEM Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition, 2004, page 181-183, which is part of MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), and Chapter 8 and 177-179 which is part of The MTUS; additionally, Official Disability Guidelines (ODG) Neck and Upper Back Chapter, magnetic resonance imaging (MRI), which is not part of MTUS.

The Physician Reviewer's decision rationale:

The request for an MRI of the cervical spine without contrast is not medically necessary or appropriate. The employee does have ongoing neck and lumbar complaints with associated radiculopathy that has been recalcitrant to conservative measures. However, the requested MRI is for a repeat imaging study. The American College of Occupational and Environmental Medicine recommends that imaging studies be ordered when there is an emergence of a red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review does support that this is a repeat imaging study. The Official Disability Guidelines do not recommend repeat MRIs unless there is a significant change in pathology or progressive neurological deficits. The clinical documentation submitted for review does not provide evidence that the employee has had a change in pathology or is experiencing progressive neurological deficits. Therefore, repeat imaging would not be indicated.

## **3. MRI lumbar spine without contrast is not medically necessary and appropriate.**

The Claims Administrator based its decision on the The CA MTUS 2009, Low Back Complaints. ACOEM Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition, 2004, page 308-310, which is part of MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12 and 303-305, which is part of the MTUS. Additionally, Official Disability Guidelines (ODG) Official Disability Guidelines, Low Back Chapter, which is not part of MTUS.

The Physician Reviewer's decision rationale:

The requested MRI of the lumbar spine without contrast is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the employee has ongoing lumbar complaints with associated radiculopathy that is recalcitrant to conservative measures. The American College of Occupational and Environmental Medicine supports the use of an MRI when there are neurological deficits that have failed to respond to conservative treatments. The clinical documentation does support that the employee has neurological deficits. However, the Official Disability Guidelines do not recommend repeat imaging or the routine use of MRIs unless there is a significant change in pathology or progressive neurological symptoms. The clinical documentation submitted for review does not indicate that there has been a change in pathology or the development of severe, progressive neurological symptoms. The clinical documentation does indicate that this is a repeat lumbar MRI. Therefore, it would not be indicated.

**4. Re-consult with regard to neck and back pain is not medically necessary and appropriate.**

The Claims Administrator based its decision on the The CA MTUS 2009: ACOEM Occupational Medicine Practice Guidelines, which is not part of MTUS.

The Physician Reviewer based his/her decision on The Chronic Pain Medical Treatment Guidelines, Patients with Intractable Pain, pg. 6, which is part of MTUS.

The Physician Reviewer's decision rationale:

It was noted within the documentation that the employee was previously seen by the treating physician as a primary care provider. It was also noted within the documentation submitted for review that the employee recently began to attend acupuncture therapy. The California Medical Treatment Utilization Schedule states that a patient suffering from severe, intractable pain who does not qualify for participation in a chronic pain program or who has failed a chronic pain program should have access to proper treatment of his or her pain. The clinical documentation submitted for review does provide evidence that the employee is undergoing acupuncture treatment. It would be appropriate for the employee to complete this treatment prior to further evaluation, so that the efficacy of the acupuncture can be evaluated.

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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