
Notice of Independent Medical Review Determination

Dated: 10/4/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
7/2/2013

8/8/2011

7/18/2013

CM13-0001887

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for cervical MRI without contrast between 5/16/13 and 5/16/13 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for 1 reformatted image between 5/16/13 and 5/16/13 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for lumbar MRI without contrast between 5/16/13 and 5/16/13 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 retrospective request for cervical MRI without contrast between 5/16/13 and 5/16/13 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for 1 reformatted image between 5/16/13 and 5/16/13 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the retrospective request for lumbar MRI without contrast between 5/16/13 and 5/16/13 **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 July 2, 2013:

“The patient is a 63 year old male with a date of injury of 8/8/2011. Under consideration are retrospective requests for an MRI of the spinal canal and contents of the cervical spine without contrast material, reformatted images, and an MRI of the spinal canal and contents of the lumbar spine without contrast material. The date of service for all requests was 5/16/2013. According to the submitted documents, the patient has been treated for neck pain with radicular pain into the trapezius muscles and shoulders and low back pain with radicular pain into the lower extremities. Per the 3/25/2013 initial report by Dr. [REDACTED], the patient reported 8/10 neck pain and 8/10 low back pain. Motor strength of the left biceps, wrist extensors, triceps, and wrist flexors was 4/5. Motor strength of the extensor hallucis longus was 4/5 bilaterally. Hypersensitivity of the long finger on the right and decreased sensation of the dorsum of the left forearm were noted. Diminished sensation to light touch and pinprick over the dorsum of the left foot was noted. Deep tendon reflexes of the left brachioradialis and biceps and bilateral Achilles were graded 1 +/2+.”

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 (received 7/18/13)
- Utilization Review Determination from [REDACTED] (dated 7/2/13)
- Medical records from the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the retrospective request for cervical MRI without contrast between 5/16/13 and 5/16/13:**Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), MRI, a medical treatment guideline (MTG) not part of the Medical Treatment Utilization Schedule (MTUS) and the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Red Flags, Table 8-1, page 167, part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), page 178, part of the MTUS, and the Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), MRI, a MTG not part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 8/08/11 the employee sustained a work-related injury. The submitted and reviewed medical records document pain in the head, neck, shoulders, and back. The medical records reviewed indicate diagnoses include cervical stenosis, C5-6 and C6-7 stenosis, L4-5 spondylolisthesis and L4-5 stenosis. Prior treatment has included medication, physical therapy, acupuncture, chiropractic treatment, epidural steroid injections, multiple MRIs of the cervical spine, lumbar spine, and bilateral upper and lower extremity electrodiagnostic studies. A retrospective request has been submitted for a cervical MRI without contrast.

MTUS ACOEM guidelines indicate the criteria for ordering imaging studies includes: emergence of red flags, evidence of tissue insult or neurologic dysfunction, failure to progress in program intended to avoid surgery and clarification of anatomy prior to an invasive procedure. A review of the submitted medical records reveals findings on examinations are inconsistent, and there are no consistent red flag findings documented that would warrant a repeat MRI of the patient's cervical spine. The EMG's of the upper extremities were normal,

making any significant radiculopathy very unlikely. In addition to the MTUS, the Official Disability Guidelines recommend against repeating the MRI in the absence of good evidence of new pathology. Good evidence of new spinal pathology is not present in this case. The retrospective request for a third cervical MRI without contrast **is not medically necessary and appropriate.**

2) Regarding the retrospective request for 1 reformatted image between 5/16/13 and 5/16/13:

Since the cervical and lumbar MRIs without contrast are not medically necessary, none of the associated services are medically necessary and appropriate.

3) Regarding the retrospective request for a lumbar MRI without contrast between 5/16/13 and 5/16/13:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back – Lumbar & Thoracic (Acute & Chronic), MRI, a medical treatment guideline (MTG) not part of the Medical Treatment Utilization Schedule (MTUS), and the Low Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 289-290, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Low Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 303, part of the MTUS and the Official Disability Guidelines (ODG), Low Back – Lumbar & Thoracic (Acute & Chronic), MRI, a MTG not part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 8/08/11 the employee sustained a work-related injury. The submitted and reviewed medical records document pain in the head, neck, shoulders, and back. The medical records reviewed indicate diagnoses include cervical stenosis, C5-6 and C6-7 stenosis, L4-5 spondylolisthesis and L4-5 stenosis. Prior treatment has included medication, physical therapy, acupuncture, chiropractic treatment, epidural steroid injections, multiple MRIs of the cervical spine, lumbar spine, and bilateral upper and lower extremity electrodiagnostic studies. A retrospective request has been submitted for a lumbar MRI without contrast.

MTUS ACOEM guidelines indicate MRI of the lumbar spine may be indicated if there is evidence of tissue insult or nerve impairment and imaging studies should be reserved for surgical consideration or red-flag diagnoses have been evaluated. The submitted clinical notes do not evidence a significant change in the employee's condition as far as any significant changes in motor, neurological or sensory deficits to support the requested study. The EMG's of the lower extremities were normal, making any significant radiculopathy very unlikely. In addition to the MTUS, the Official Disability Guidelines recommend against repeating the MRI in the absence of good evidence of new pathology. Good evidence of new spinal pathology is not present in this case. The retrospective

request for a repeat lumbar MRI without contrast **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, 18th Floor
Oakland, CA 94612

/srb

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.