

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/22/2013

10/4/2012

7/29/2013

CM13-0004053

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 MRI of the cervical spine **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 1 MRI of the cervical spine is **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The 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 Occupational Medicine 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 22, 2013

“The patient is a 50 year old male with a date of injury of 10/4/2012. Under consideration is a prospective request for 1 MRI of the cervical spine.

“Per progress report dated 6/24/2013 by Dr. [REDACTED], the patient had increased neck pain with increased numbness and tingling. The patient wanted to pursue invasive treatment options for his right upper extremity which had symptoms increased upon rotation, extension, and prolonged head and neck posturing. The patient had received neurology, ophthalmology, and dental consultations. He currently takes Norco 2.5 mg at two times per day and uses Neurontin 600 mg once per day. On examination, there was tenderness over the cervical paraspinal musculature with spasms where right side was greater than the left. Spurling's maneuver was positive on the right in producing radicular symptoms to C6 and C7 nerve root distribution. Sensation was decreased in C6 and C7 dermatomes as well. On cervical ranges of motion measured in degrees: flexion 42, extension 38, right bending 42, left bending 44, right rotation 50, and left rotation 51. The patient diagnosed cervical/trapezial musculoligamentous sprain/strain, bilateral upper extremity radiculitis, right side greater than left, muscle contraction headache, with straightening per x-ray dated 11/28/12, thoracic spine musculoligamentous sprain/strain, blurred vision, post-traumatic headache, and right temporomandibular joint complaints. The patient is to remain off structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms.”

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 dated 7/29/2013
- Utilization Review Determination from Claims Administrator [REDACTED] dated 7/23/2013
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request 1 MRI of the 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), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, page 178, which is part of the MTUS. The Expert Reviewer found that the guidelines used by the Claims Administrator were appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 10/4/2012 to the face, neck, and jaw. The medical records provided for review indicate a diagnosis of cervical/trapezial musculoligamentous sprain/strain, bilateral upper extremity radiculitis, right side greater than left, muscle contraction headache, thoracic spine musculoligamentous sprain/strain, blurred vision, post-traumatic headache, and right temporomandibular joint complaints. The medical report of 6/24/2013 documents the employee had increased neck pain with increased numbness and tingling, and on examination, there was tenderness over the cervical paraspinal musculature with spasms where right side was greater than the left. The medical records provided for review indicate treatments have included chiropractic sessions, acupuncture sessions, and oral analgesic medications. The request is for one (1) MRI of the cervical spine.

The ACOEM Practice Guidelines indicate that for most individuals presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The medical records provided for review indicate that the employee has obtained sufficient conservative treatment, the employee still has significant symptoms a year following the injury, and an MRI would help to determine what invasive therapy would be most appropriate for the employee. The request for one (1) MRI of the cervical spine is 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
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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.