

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/18/2013

5/15/2013

7/29/2013

CM13-0004080

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **MRI of the cervical spine is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 a **MRI of the cervical spine 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 Preventive Medicine and 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.

Expert Reviewer Case Summary:

All 156 pages of medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [REDACTED], is an [REDACTED] employee who has filed a claim for head and neck pain reportedly associated with an industrial contusion injury of May 15, 2013.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work.

A prior note of June 3, 2013, suggests the applicant last worked on the date of injury, May 15, 2013.

A prior utilization review report of July 17, 2013 denies an MRI of the cervical spine and supports an MRI of the brain. Non-MTUS ODG guidelines are cited.

A recent progress note of May 28, 2013 is notable for comments that the claimant exhibits neck pain, tightness, and restricted range of motion. The said progress note of May 28, 2013 suggests that the applicant exhibits normal motor exam, mental status, and sensory exam.

The most recent progress report of June 3, 2013 is notable for comments that the applicant reports stabbing pain of the neck radiating into the arms, exacerbated by motion, ranging from 7 to 10/10. The applicant exhibits diffuse central and paraspinal tenderness with limited range of motion noted. Recommendations are made for the applicant to obtain x-rays and a functional capacity evaluation while remaining off of work, on total temporary disability.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a MRI of the cervical spine:**Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is a Medical Treatment Guideline (MTG) that is not part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back Complaints, Chapter 8, Table 8-8, Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

ACOEM guidelines indicate that MRI and/or CT scanning can be employed to evaluate suspected red flag diagnosis including cauda equina syndrome, tumor, fracture, infection, etc. Medical records submitted and reviewed indicate there is no clearly voiced suspicion of any of the aforementioned red flag diagnoses, and no evidence of neurologic compromise evident which might make a case for MRI imaging. The guideline criteria has not been met. **The request for a MRI of the cervical spine 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

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.