

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/8/2013  
Date of Injury: 2/17/2010  
IMR Application Received: 7/29/2013  
MAXIMUS Case Number: CM13-0004095

- 1) MAXIMUS Federal Services, Inc. has determined the request for **CT scan 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 7/8/2013. 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 **CT scan of the cervical spine is 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.

### Expert Reviewer Case Summary:

The claimant is a 48-year-old female with a date of injury of 2/17/10. The progress report dated 6/24/13 submitted by [REDACTED], MD noted that the claimant complained of neck pain; sharp, aching and stiff; pain 6 out of 10 radiating down both arms; and right shoulder soreness and aching pain. The claimant is diagnosed as status post cervical spine fusion and Impingement syndrome right shoulder. An orthopedic QME report dated 4/10/13 by [REDACTED], MD noted that in October of 2011 the claimant underwent surgical removal of the lower cervical disks, bone graft and titanium plate with 4 screws. The claimant reported persisting difficulty swallowing since her surgery. She also noted that she has difficulty holding the weight of her head without support while watching television. Sensory exam demonstrated decreased sensation in an apparent ulnar distribution in the right upper extremity. Cervical x-rays were taken at Dr. [REDACTED] office that demonstrated fusion at C5-6, lucency possibly indicative of incomplete fusion at C6-7, with no evidence of cervical instability. Dr. [REDACTED] recommended a current CT scan to evaluate the status of her cervical spine fusion procedures and healing.

### 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 (received 7/29/2013)
- Utilization Review Determination from [REDACTED]
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

## 1) Regarding the request for CT scan of cervical spine:

### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Neck and Upper Back Complaints, Chapter 8, pgs. 177-178, which is part of the MTUS.

### Rationale for the Decision:

Medical records submitted and reviewed indicate that in October of 2011 the employee underwent surgical removal of the lower cervical disks, bone graft and titanium plate with 4 screws. Cervical x-rays were taken on 4/10/13 that demonstrated fusion at C5-6, lucency possibly indicative of incomplete fusion at C6-7, with no evidence of cervical instability. The employee reported persisting difficulty swallowing since surgery, also noted that it was difficult holding the weight of the head without support. Sensory exam demonstrated decreased sensation in an apparent ulnar distribution in the right upper extremity. Dr. [REDACTED] in his QME report dated 4/10/13, recommended a current CT scan to evaluate the status of the employee's cervical spine fusion procedures and healing.

ACOEM guidelines chapter 8, pg. 177-178 state that if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). As there is a suspicion of incomplete cervical fusion, a CT scan would appear to be more appropriate than an MRI. The request for CT scan of the cervical spine appears to be supported by the ACOEM guidelines noted above. **The request for CT scan 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,

Paul Manchester, MD, MPH,  
Medical Director

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

/th

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.