

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/8/2013

4/26/2013

7/29/2013

CM13-0004293

- 1) MAXIMUS Federal Services, Inc. has determined the request for Initial MRI Cervical Spine **is not 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 8/9/2013. 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 Initial MRI 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 58 pages of medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [REDACTED], is a represented laborer/operator who has filed a claim for neck pain reportedly associated with an industrial injury of April 26, 2013.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; an MRI of the cervical spine of July 3, 2013, notable for multilevel degenerative changes of uncertain clinical significance; electrodiagnostic testing of the bilateral upper and lower extremities of June 20, 2013, notable for mild bilateral carpal tunnel syndrome alone; and extensive periods of time off of work.

The most recent handwritten progress report of August 19, 2013 is difficult to follow, not entirely legible, notable for comments that the applicant remains off of work, on total temporary disability. The applicant is given prescriptions for tramadol, butalbital, and Prilosec. Trigger point injections are given. A prior note of July 22, 2013, suggested that the applicant is given numerous topical compounds. A prior note of June 10, 2013 suggested that the applicant reported ongoing complaints of neck pain radiating to the right arm. The applicant exhibited negative chest pain about the cervical spine and also exhibited tenderness about the lateral epicondyle, wrist, and shoulder with positive impingement sign noted about the same. The applicant was again kept 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 Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Initial MRI 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 The American College of Occupational and Environmental Medicine (ACOEM), (2004), Chapter 8 Neck and Upper Back complaints, which is part of the Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Neck and Upper back complaints which is part of MTUS.

Rationale for the Decision:

MTUS-adopted ACOEM guidelines, in chapter 8, table 8-8, MRI and/or CT scanning can be employed to identify suspected diagnoses of fracture, tumor, infection, and/or trauma. MRI imaging can also be employed to validate diagnosis of a nerve root compromise in those individuals who would consider surgical intervention in preparation of an invasive procedure. In this case, however, there is no indication or evidence in the medical records provided for review that the employee was in fact considering an invasive procedure pertaining to the cervical spine. The multifocal complaints of shoulder, elbow, wrist, arm pain, etc., argue against any clear pathology emanating from the cervical spine. **The request for initial 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

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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.