

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	2/22/2012
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0005367

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 MRI of the C-spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI of the right shoulder **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 253 pages medical, insurance, and administrative records provided were reviewed.

The applicant, Ms. [REDACTED], is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 22, 2012.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; extensive periods of time off of work; subsequent return to regular duty work; normal electrodiagnostic testing of the bilateral upper extremities of February 22, 2012; and shoulder MRI of June 13, 2012, notable for mild arthropathy and bursitis.

A utilization review report of July 23, 2013 denies an MRI of the cervical spine and right shoulder, citing the ODG shoulder chapter.

The most recent progress report of July 17, 2013 is notable for comments that the applicant reports persistent neck and shoulder pain radiating to the right arm. MRI studies are pending. The applicant is asked to return to regular work and follow up in four weeks.

## **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 MRI of the C-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), Magnetic resonance imaging (MRI), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8); Summary of Recommendations and Evidence, table 8-8, page 181-183, which is part of the MTUS.

#### Rationale for the Decision:

The ACOEM guidelines recommend that an MRI and/or CT studies can be employed to validate a diagnosis of neurologic compromise in individuals with consistent history of physical exam findings, in preparation for an invasive procedure. The medical records provided are handwritten, sparse and not entirely legible. There is no clear evidence to indicate neurologic compromise on physical examination, no evidence that the employee would consider surgical treatment if it were offered, and there is a lack of evidence that an invasive procedure is being planned. **The request for an MRI of the C-spine is not medically necessary and appropriate.**

### **2) Regarding the request for MRI of the right shoulder:**

#### 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), Magnetic resonance imaging (MRI), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 9), Summary of Recommendations and Evidence, table 9-6, pages 212-214, which is part of the MTUS.

#### Rationale for the Decision:

The ACOEM guidelines endorse MRI imaging to evaluate the preoperative structural integrity of the rotator cuff. A review of the submitted medical records indicate that the employee has had a prior MRI on 6/13/2012, which revealed arthropathy, bursitis and tendonitis. There is no clear evidence of substantial or

significant deterioration. The records however, do not indicate that the employee would or is considering a surgical remedy at this time. **The request for an MRI of the right shoulder 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, 18<sup>th</sup> 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.