

## Independent Medical Review Final Determination Letter

66

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/27/2013

<b>IMR Case Number:</b>	CM13-0008423	<b>Date of Injury:</b>	12/06/2012
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/07/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 disputed items/services.

## DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

## CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48 YO, F with a date of injury on 12/6/12. The patient's diagnoses include: left shoulder partial supraspinatus tendon tear; left shoulder impingement with bursitis; left shoulder AC DJD; neck and mid back pain; right hip sacroiliac joint dysfunction. The electrodiagnostic consultation report dated 7/17/13, by Dr. [REDACTED] noted that the patient complained of neck pain radiating to the bilateral upper extremities. She complained of numbness, tingling and weakness in the bilateral upper extremities. There is no prior history of spine surgery. There is a history of bilateral carpal tunnel release surgery in 2005. EMG/NCV study was abnormal revealing evidence of a demyelinating bilateral median neuropathy at wrist consistent with CTS. There is no evidence of cervical radiculopathy or generalized peripheral neuropathy affecting the upper limbs. Recommendations included MRI of the lumbar/cervical spine for anatomic correlation of patient's symptoms and examination findings.

## IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

### **1. MRI of the lumbar/cervical spine is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines, pages 177-178, which are part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition (2004), pages 177-178 and 303, which are part of the MTUS.

The Physician Reviewer's decision rationale:

The electrodiagnostic consultation report dated 7/17/13 by Dr. [REDACTED] noted that the patient complained of neck pain radiating to the bilateral upper extremities. She complained of numbness, tingling and weakness in the bilateral upper extremities. There is no prior history of spine surgery. There is a history of bilateral carpal tunnel release surgery in 2005. EMG/NCV study was abnormal revealing evidence of a demyelinating bilateral median neuropathy at wrist consistent with CTS. There is no evidence of cervical radiculopathy or generalized peripheral neuropathy affecting the upper limbs. Recommendations included MRI of the lumbar/cervical spine for anatomic correlation of patient's symptoms and examination findings. ACOEM guidelines (pg. 177-178) lists the criteria for ordering imaging studies which include: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. For the lumbar spine, ACOEM (page 303) guidelines states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The records do not show unequivocal objective findings that identify specific nerve compromise on the neurologic exam of the lumbar spine and evidence that the patient has failed to respond to treatment of the cervical or lumbar spine. The C-spine MRI is reasonable given the patient's neurologic symptoms but since a request cannot be modified and the request is for both C-spine and L-spine MRI, the request is being denied.

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.

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]