

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the Magnetic Resonance Imaging of the Cervical Spine requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the EMG/NCV of the Bilateral Upper Extremities requested **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/3/2013 disputing the Utilization Review Denial dated 3/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/25/2013. 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 Magnetic Resonance Imaging of the Cervical Spine requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the EMG/NCV of the Bilateral Upper Extremities requested **is medically necessary and appropriate.**

Medical Qualifications of the Professional 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 Neurology, 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 professional 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated March 20, 2013.

“Claimant c/o a lot of neck pain, upon exam had sensory loss in the median nerve distribution as well as the arm, suggestive of carpal tunnel syndrome and also radiculopathy. Mechanism of injury: Not Stated. Diagnostic imaging: Radiographs Cervical Spine, updated – per [REDACTED] there is discogenic disease at C6-7; CT of the head dated 02/26/13 – Normal.”

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 for Independent Medical Review for MRI Cervical Spine dated 4/03/2013
- Application for Independent Medical Review for EMG/NCV Bilateral Upper Extremities dated 4/03/2013
- Utilization Review determination for MRI Cervical Spine provided by [REDACTED] dated 3/20/2013
- Utilization Review determination for EMG/NCV Bilateral Upper Extremities dated 4/03/2013
- Medical Records provided by [REDACTED] MD dated from 2/22/2013 through 4/15/2013

- American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, 2004, Neck and Upper Back complaints, pages 177-179

1) **Regarding the request for Magnetic Resonance Imaging Cervical Spine:**

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, 2004, Neck and Upper Back complaints, pages 177- 179, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee felt dizzy after wooden blinds fell on her head, on 2/14/2013. The employee experienced neck pain, visual blurring, and headaches. The submitted and reviewed medical records revealed that on 3/08/13 the employee was prescribed Ibuprofen 600 milligrams and an MRI to the cervical spine was requested. ACOEM guidelines, 2nd Edition, 2004, Neck and Upper Back Complaints, page 177, 178, state that "for most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies 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." The submitted medical records do not identify red-flag conditions and there is no indication that the employee has entered or completed a strengthening program. Based on a review of the medical records and lack of guideline support, the requested Magnetic Resonance Imaging Cervical Spine is not medically necessary and appropriate.

2) **Regarding the request for EMG/NCV Bilateral Upper Extremities:**

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

The Claims Administrator based its decision on the ACOEM guidelines, 2nd Edition, 2004, Neck and Upper Back Complaints, page 177, 178, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee has improved only slightly, according to the submitted documents, and continued to experience neck pain, upper back pain as well as headaches. ACOEM guidelines, 2nd Edition, 2004, Neck and Upper Back Complaints, page, 178, of the Medical Treatment Utilization Schedule (MTUS) state that "when

neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-Reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.” The requested EMG/NCV 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,

Richard C. Weiss, MD, MPH, MMM, PMP
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.