

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 requested Magnetic Resonance Imaging (MRI) of Cervical Spine **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 5/29/2013. 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 requested Magnetic Resonance Imaging (MRI) of 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 Internal 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.

Case Summary:

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

“Clinical summary: Date of Injury: 01/22/13: As per provided clinical information: 02/26/2013: The patient has back, neck and bilateral shoulder pain. There is more pain when the patient lifts. The neck pain is constant with radiation to the upper mid back and shoulder (bilateral). The pain is a stabbing pain, it is severe. The pain is a 10/10. The pain is aggravated by lifting. There is difficulty sleeping. Low Back: There is constant low back pain. It is a stabbing pain that is severe. The pain is a 10/10. The pain is aggravated by standing, walking, and sitting. There is difficulty sleeping. Physical Examination: Cervical: Myofascial trigger points were detected to the paraspinal musculature area. There is decreased range of motion with pain to flexion and extension. Straight leg raise was positive (bilateral) in sitting position. Lumbar range of motion is decreased. There is pain with flexion and extension. There is a decrease range of motion to the shoulders (bilateral). Medications / Medication History: Zanaflex, Tramadol- Acetaminophen, Naprosyn, Muscle Rub.”

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
- Utilization Review by [REDACTED] (dated 3/20/13)
- Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg 177-178

1) Regarding the request for Magnetic Resonance Imaging (MRI) of Cervical Spine:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg 177-178. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/22/13 with back, neck and bilateral shoulder pain. Per clinical information on 2/26/13, Myofascial trigger points were detected to the paraspinal musculature area and there is decreased range of motion with pain to flexion and extension. The findings of decreased range of motion of the cervical and lumbar spine along with positive straight leg raises while sitting are signs of potential nerve impingement. Per Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg 177-178, 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. The magnetic resonance imaging (MRI) 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

/ldh

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.