

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 (MRI) of the Bilateral Elbows requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of the Bilateral Wrists and Hands requested **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of the Lumbar Spine requested **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of Bilateral Hips requested **is not 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 3/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/30/2013. 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 (MRI) of the Bilateral Elbows requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of the Bilateral Wrists and Hands requested **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of the Lumbar Spine requested **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the magnetic resonance imaging (MRI) of Bilateral Hips requested **is not 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 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 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 15, 2013.

“Primary treating physician’s initial orthopedic evaluation and treatment report dated 02/26/13 notes that the claimant complains of aching pain in the bilateral elbows, with pain radiating to the wrists. The claimant reports instability, locking, and popping in the elbows. The claimant also reports bilateral wrist and arm pain radiating through the forearms. There is swelling, numbness, and tingling in the wrists, hands and fingers. The claimant has weakness and cramping in both hands and has dropped items on several occasions. The claimant experiences increased pain with gripping, grasping, and holding. The claimant also complains of low back pain radiating down the hips and legs with associated weakness in the legs. The pain is described as aching, sharp, and throbbing. The claimant also reports aching in the bilateral hips and locking in the hips.

“Examination of the bilateral arms and hands reveal discomfort around the bilateral lateral epicondylar region, right more pronounced than left. Resisted extension of the right wrist does cause fair amount of symptomatology. There is positive Finkelstein’s test, more pronounced on the left than the right. The claimant has positive Palmer compression test subsequent Phalen’s maneuver. Examination of the lumbar spine reveals pain and discomfort in the mid to distal lumbar segments, restricted range of motion, and radicular component in the lower extremities, in the L5 roots and dermatomes. Examination of the bilateral hips reveals pain and discomfort with internal rotation and external rotation. The majority of symptoms appear to be in the posteriorlateral region. The provider injected the right condylar region with 2cc of Celestone and 2cc of Marcaine. X-rays of the right and left elbow are normal. X-rays of the bilateral wrist and hand are normal. X-rays of the lumbar spine reveals spondylosis in the distal lumbar segments. X-rays of the right and left hip are normal. The provider recommends MRI scan of the bilateral elbows, bilateral wrists and hands, lumbar spine and bilateral hips. The provider also recommends EMG/NCV study of bilateral upper and lower extremities.”

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 of the Bilateral Elbows dated 4/03/2013
- Application for Independent Medical Review for MRI of the Bilateral Wrists and Hands dated 4/03/2013
- Application for Independent Medical Review for MRI of the Lumbar Spine dated 4/03/2013
- Application for Independent Medical Review for MRI of the Bilateral Hips date 4/03/2013
- Utilization Review Determination provided by [REDACTED] dated 3/15/2013
- Medical Records provided by [REDACTED] MD dated 4/05/2013
- Medical Records provided by [REDACTED] dated 2/28/2013 and 2/26/2013
- ACOEM Guidelines, 2nd Edition, 2004, Elbow Complaints, MRI pgs. 239,242
- Official Disability Guidelines, Elbow Section, MRI
- ACOEM Guidelines, 2nd Edition, 2004, Wrist & Hand Complaints, MRI, pgs. 269 & 272
- Official Disability Guidelines, Forearm, Wrist, & Hand, MRI
- ACOEM Guidelines, 2nd Edition, 2004, Low Back Complaints, MRI, pgs. 304 & 309
- Official Disability Guidelines, Low Back Section, MRI
- Official Disability Guidelines, Hip & Pelvis Section, MRI

1) Regarding the request for magnetic resonance imaging (MRI) of the bilateral elbows:

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), 2nd Edition, 2004, Elbow Complaints, MRI and Official Disability Guidelines (ODG) (2009), Elbow Section, MRI Subsection, 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's clinical symptoms developed gradually while employed as a legal secretary. There was no history of trauma. Nor was there any indication that there was a refractory response to conservative treatment.

ACOEM – Elbow Complaints (pages 95, 239 and 242) support bilateral elbow MRI if the imaging results will substantially change the treatment plan. ACOEM also supports imaging if any of the following are shown: emergence of a red flag; failure to progress in a rehabilitation program; or evidence of significant tissue insult or neurologic dysfunction that has been shown to be correctible by invasive treatment and agreement to undergo the invasive treatment if the presence of the correctible lesion is confirmed. ODG supports MRI for evaluating collateral ligament injury, epicondylitis, injury to the biceps and triceps, abnormality of the ulnar, radial or median nerves and for masses of the elbow.

The guidelines point out that epicondylitis is a common clinical diagnosis and MRI evaluation is not necessary. MRI evaluation may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. In the present case there is no evidence the elbow complaints are refractory to conservative treatment. There is no evidence of injury or trauma to the elbow or nerves (medial or ulnar) of the upper extremity at or around the elbow. There is no evidence the elbow complaints are refractory to conservative treatment and no evidence of trauma to the elbow. The requested MRI of bilateral elbows is not medically necessary and appropriate.

2) Regarding the request for magnetic resonance imaging (MRI) of the bilateral wrists and hands:

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), 2nd Edition, 2004, Wrist & Hand Complaints, MRI and Official Disability Guidelines (ODG) (2009) Forearm, Wrist & Hand Section, MRI Subsection, 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's clinical symptoms developed gradually while employed as a legal secretary. The clinical findings and the positive electrodiagnostic study confirm carpal tunnel syndrome.

ACOEM – Wrist and Hand Complaints section states that without the presence of symptoms and signs indicating serious underlying medical condition or red flag signs, there is no special need for special studies during the first four weeks of treatment. ODG recommends MRI in patients with acute hand or wrist trauma or chronic wrist pain with normal plain x-ray films suspect soft tissue tumor or serious underlying medical condition to necessitate a special imaging study.

There is no indication that the claimant has failed to respond to conservative care treatment. Additionally, there is no evidence of hand or wrist trauma. Therefore, there is no medical evidence of medical necessity for the MRI of the right and left wrists. The MRI of bilateral wrists and hands is not medically necessary and appropriate.

3) Regarding the request for magnetic resonance imaging (MRI) of the lumbar 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), 2nd Edition, 2004, Low Back Complaints, MRI and Official Disability Guidelines (ODG) (2009) Low Back Section, 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's clinical symptoms developed gradually while employed as a legal secretary. There is no evidence of trauma as a cause of the complaint. There was gradual onset of pain in the low back that developed during the course of her employment.

ACOEM – Low Back Complaints (page 303) 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disc bulges that are not the source of the painful symptoms do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause magnetic resonance imaging ("MRI") for neural or other soft tissue."

In this case, although the employee reports low back pain, there is no documented objective neurological evidence of motor, reflex or sensory deficit to warrant this special imaging study. Additionally, there is no evidence of conservative treatment rendered and a failure of that treatment. The requested MRI of lumbar spine is not medically necessary and appropriate.

4) Regarding the request for magnetic resonance imaging (MRI) of Bilateral Hips:

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 Official Disability Guidelines (ODG) (2009), Hip & Pelvis Section, MRI, 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 medical records showed the employee had gradual onset pain in the bilateral hip associated with a paucity of clinical findings. There was no history of trauma.

ODG – Hip and Pelvis section indicates MRI evaluation of the hip is the most accepted form of imaging for avascular necrosis of the hip and osteonecrosis. Indications for MRI include osseous, articular or soft tissue abnormalities, osteonecrosis, occult acute stress fracture, acute and chronic soft tissue injuries, and tumors.

In the present case, although the employee complains of bilateral hip pain, there is no history of trauma. In addition, there were limited clinical findings in support of MRI evaluation of the hips. As noted in the record, there was no conservative treatment rendered to address the hip complaints. The requested MRI of bilateral hips 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,

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.