MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

1) MAXIMUS Federal Services, Inc. has determined the Acupuncture Sessions three times a week for four weeks requested **are not medically necessary and appropriate**

2) MAXIMUS Federal Services, Inc. has determined the Magnetic Resonance Imaging of the cervical spine without contrast requested **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the Magnetic Resonance Imaging of the brain requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/28/2013 disputing the Utilization Review Denial dated 5/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/28/2013. 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 Acupuncture Sessions three times a week for four weeks requested **are not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the Magnetic Resonance Imaging of the cervical spine without contrast requested **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the Magnetic Resonance Imaging of the brain 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 May 8, 2013

Patient is a 33 year old male Driver/ Warehouse worker with a date of injury of 03/27/2013. The patient was picking up a weight lifting apparatus from public storage and a piece of heavy equipment fell striking his head. The blow caused a laceration and loss of consciousness. The diagnosis is Head Injury Not Otherwise specified, Cervical sprain. A CT scan of the head was done at the hospital (results not provided for review). Report on 04/11/13 noted the patient had post-concussion syndrome and currently complains of recurrent headaches with nausea, vomiting and dizziness, ringing in ears, loss of equilibrium, problems focusing and lethargic and difficulty sleeping. His pain is described as pressure and he also notes necks stiffness. The patient has not been able to return to work as he is unable to drive. He is taking Motrin and Tylenol. Physical exam noted head, right occipital bone is tender to palpation and a tender, palpable mass was noted about the base of the skull. Cervical spine tenderness, spasm and restricted range of motion. Intact sensation and motor strength in the upper extremities. Reflexes 2+ in the upper extremities. Hearing was grossly intact. Plan is for a MRI of the brain to assess for intracranial pathologies as well as to evaluate for the tender mass that was noted about the base of the skull, possible occipital fracture or hematoma. Acupuncture request is for headaches. The patient was given a prescription for medication.
Request is for Acupuncture 3 X 4; MRI cervical spine non contrast; MRI of the brain

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 Determination by The [redacted] (dated 5/8/13)
- Ambulance Run Report/Documentation by [redacted] (dated 3/27/13)
- Employee's Medical Records by [redacted] (dated 3/27/13)
- Employee's Medical Records by [redacted] (dated 4/6/13 through 4/23/13)
- Employee's Medical Records by [redacted], M.D. (dated 4/11/13 and 5/9/13)
- 9792.24.1. Acupuncture Medical Treatment Guidelines
- Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) into the MTUS from the ACOEM Practice Guidelines
- Official Disability Guidelines (ODG) – Head Chapter: MRI Section

1) **Regarding the request for Acupuncture Sessions three times a week for four weeks:**

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 Acupuncture Medical Treatment Guidelines, of the Medical Treatment Utilization Schedule (MTUS) 2009. The Provider did not dispute the guidelines used by the Claims Administrator. The Expert 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 reported an injury on 3/27/2013. While picking up weight lifting equipment at a storage facility, a piece of the heavy equipment fell striking the employee's head. According to the employee, the blow caused a laceration and loss of consciousness. A CT scan was done at the hospital but results were not provided for review. The diagnosis was given as post-concussive syndrome, and the employee was treated with Motrin and Tylenol for persistent headaches and neck stiffness. The request is for an MRI of the brain to assess for intracranial pathologies, cervical spine MRI, and Acupuncture for headaches.

The Acupuncture Medical Treatment Guidelines of the MTUS guidelines recommend acupuncture when pain medication is reduced or not tolerated. The employee currently is taking Tylenol and Motrin. The submitted and reviewed documents do not indicate that the employee has met the criteria for beginning

acupuncture treatments. The requested Acupuncture Sessions three times a week for four weeks are not medically necessary and appropriate.

2) **Regarding the request for Magnetic Resonance Imaging of the cervical spine without contrast:**

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, Chapter 8, Neck and Upper Back Complaints, of the Medical Treatment Utilization Schedule (MTUS). The Provider did not dispute the guidelines used by the Claims Administrator. The Expert 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 reported an injury on 3/27/2013. While picking up weight lifting equipment at a storage facility, a piece of the heavy equipment fell striking his head. According to the employee, the blow caused a laceration and loss of consciousness. A CT scan was done at the hospital but results were not provided for review. The diagnosis was given as post-concussive syndrome, and he was treated with Motrin and Tylenol for persistent headaches and neck stiffness. The request is for an MRI of the brain to assess for intracranial pathologies, cervical spine MRI, and Acupuncture for headaches.

ACOEM guidelines, 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, pages 177-178 do not support an MRI of the Cervical Spine without certain criteria being met which includes red flag issues. The submitted documents do not identify any red flag issues, and the physical exam does not support a need for an MRI. The requested Magnetic Resonance Imaging of the cervical spine without contrast is not medically necessary and appropriate.

3) **Regarding the request for Magnetic Resonance Imaging of the brain:**

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), Head Chapter, MRI Section which is not a part of the Medical Treatment Utilization Schedule (MTUS). The California MTUS does not apply. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the referenced section of the ODG used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee reported an injury on 3/27/2013. While picking up weight lifting

equipment at a storage facility, a piece of the heavy equipment fell striking his head. According to the employee, the blow caused a laceration and loss of consciousness. A CT scan was done at the hospital but results were not provided for review. The diagnosis was given as post-concussive syndrome, and he was treated with Motrin and Tylenol for persistent headaches and neck stiffness. The request is for an MRI of the brain to assess for intracranial pathologies, cervical spine MRI, and Acupuncture for headaches.

The Official Disability Guidelines (ODG), Head Section, MRI, current version does not support an MRI of the brain without evidence of neurological deficits not explained by CT, without evidence of prolonged interval of disturbed consciousness, or without evidence of acute changes super-imposed on previous trauma or disease. The request for an MRI of the head is not supported by physical exam findings and does not meet the criteria for imaging studies. The requested MRI of the head 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.