

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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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 request for magnetic resonance imaging (MRI) of the cervical spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI of the thoracic spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for MRI of the lumbar spine **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for MRI of the face **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for MRI of the brain **is not medically necessary and appropriate.**

- 6) MAXIMUS Federal Services, Inc. has determined the request for MRI of the nose **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for MRI of the head **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for an ART stimulator **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/3/2013 disputing the Utilization Review Denial dated 5/20/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/4/2013. 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 request for magnetic resonance imaging (MRI) of the cervical spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for MRI of the thoracic spine **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for MRI of the lumbar spine **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for MRI of the face **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for MRI of the brain **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for MRI of the nose **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for MRI of the head **is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for an ART stimulator **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 20, 2013

Clinical Summary: This 31-year-old male sustained an injury on 3/14/13. The mechanism of injury was described as the patient was assaulted by a patron, being punched in the nose. After the patient fell down, the patient was kicked multiple times in the back and head. The patient presented in the local emergency room approximately 2 hours later complaining of head pain and loss of consciousness. A CT scan of the face revealed multiple nasal bone fractures that resulted in the need for surgery. On 3/17/13, the patient was reevaluated for continued headaches and vertigo. A CT scan of the head, cervical spine, maxillary/face was performed. A follow-up CT scan of the head dated 3/18/13, revealed no acute intracranial findings, mild sinus inflammatory disease, characterized by mucosal thickening of the left sphenoid the left maxillary sinus, and bilateral anterior ethmoid air cells. Due to continued complaints, on 5/3/13, the patient presented to the office of Dr. [REDACTED] DC, complaining of constant headaches at 9/10, head pain at 8-10/10, neck pain at 5/10, mid back pain at 6/10, and low back pain at 8/10 on the visual analogue scale. The patient was diagnosed with headaches, nose trauma, face trauma, blunt head trauma, and rule out cervical, thoracic, and lumbar disc herniation. The recommendation was for a course of 6 chiropractic treatments, MRIs of the cervical, thoracic, and lumbar spine, MRIs of the face, brain, nose, and head. There was also a recommendation for a neurostimulator and pain management consultation. The purpose of this review was to determine the medical necessity for the requested treatment, MRIs, and pain management consultation.

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 (received 6/3/13)
- Utilization Review Denial from [REDACTED] (dated 5/20/13)
- Utilization Review Certification from [REDACTED] s (dated 5/20/13)
- Medical Records from [REDACTED] (dated 3/14/13)
- Medical Records from [REDACTED] (dated 3/14/13 – 3/22/13)
- Medical Records from [REDACTED] (dated 4/4/13 – 5/3/13)
- Medical Records from [REDACTED] (dated 5/7/13 – 5/20/13)
- Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) into the MTUS from the ACOEM Practice Guidelines, pg 177-178
- Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg 303
- Official Disability Guidelines (ODG), (2013), 11th Edition (web), Head-MRI
- 9792.24.2. Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, Neuromuscular electrical stimulation (NMES devices), pg 121

1) Regarding the request for magnetic resonance imaging (MRI) of the 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 Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pg 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:

On 3/14/13 the employee presented to the emergency room via ambulance after being assaulted at work. The employee was punched in the nose, repeatedly kicked in the back of the head and experienced loss of consciousness. A computed tomography (CT) scan of the face revealed nasal bone fractures that required further surgical intervention. Subsequent CT scans of the head, cervical spine and face were performed on 3/17/13 revealing no acute intracranial findings. The diagnoses were headache, nose trauma, and blunt head trauma. After discharge from the hospital the employee continued to experience constant headaches as well as neck and back pain. A chiropractic assessment was undertaken on 5/3/13. Six chiropractic manipulation sessions were requested and approved. MRIs of the cervical, thoracic, and lumbar spine were requested to rule out disc herniation. MRIs of the face, nose, brain, head, and an ART stimulator for pain were also requested.

The CA MTUS/ACOEM guidelines indicate 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 imaging studies are: Emergence of a red flag; physiologic evidence of tissue injury or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of anatomy prior to an invasive procedure."

There were no red flags relating to cervical spine symptoms such as arm pain or numbness or weakness; no physiologic evidence of neurologic dysfunction or clarification of anatomy prior to an invasive procedure. Additionally, at the time of this request the employee had not received any conservative treatment. Prior to performing any diagnostic imaging, it was agreed to have the claimant complete a course of conservative therapy. The request for magnetic resonance imaging (MRI) of the cervical spine **is not medically necessary and appropriate.**

2) Regarding the request for MRI of the thoracic 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 Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pg 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:

On 3/14/13 the employee presented to the emergency room via ambulance after being assaulted at work. The employee was punched in the nose, repeatedly kicked in the back of the head and experienced loss of consciousness. A computed tomography (CT) scan of the face revealed nasal bone fractures that required further surgical intervention. Subsequent CT scans of the head, cervical spine and face were performed on 3/17/13 revealing no acute intracranial findings. The diagnoses were headache, nose trauma, and blunt head trauma. After discharge from the hospital the employee continued to experience constant headaches as well as neck and back pain. A chiropractic assessment was undertaken on 5/3/13. Six chiropractic manipulation sessions were requested and approved. MRIs of the cervical, thoracic, and lumbar spine were requested to rule out disc herniation. MRIs of the face, nose, brain, head, and an ART stimulator for pain were also requested.

The CA MTUS/ACOEM guidelines indicate 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 imaging studies are: Emergence of a red flag; physiologic evidence of tissue injury or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of anatomy prior to an invasive procedure." 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.

Medical record reviewed at the time of this request showed the employee had not received any conservative treatment. There were no red flags relating to the upper back or thoracic spine. There was no physiologic evidence of any neurologic dysfunction or clarification of anatomy prior to an invasive procedure. Prior to performing any diagnostic imaging, it was agreed to have the claimant complete a course of conservative therapy. The request for MRI of the thoracic spine **is not medically necessary and appropriate.**

3) Regarding the request for 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 Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pg 303, 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:

On 3/14/13 the employee presented to the emergency room via ambulance after being assaulted at work. The employee was punched in the nose, repeatedly kicked in the back of the head and experienced loss of consciousness. A computed tomography (CT) scan of the face revealed nasal bone fractures that required further surgical intervention. Subsequent CT scans of the head, cervical spine and face were performed on 3/17/13 revealing no acute intracranial findings. The diagnoses were headache, nose trauma, and blunt head trauma. After discharge from the hospital the employee continued to experience constant headaches as well as neck and back pain. A chiropractic assessment was undertaken on 5/3/13. Six chiropractic manipulation sessions were requested and approved. MRIs of the cervical, thoracic, and lumbar spine were requested to rule out disc herniation. MRIs of the face, nose, brain, head, and an ART stimulator for pain were also requested.

The CA MTUS/ACOEM guidelines indicate, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patient 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." This guideline indicates that the employee should be afforded a course of conservative care prior to performing any diagnostic testing. At the time of the hospitalization there was no lumbar spine tenderness, step off, or deformity.

At the time of this request, the employee had not received any conservative treatment. There were no frank neurologic deficits or nerve dysfunction noted in the medical record. Prior to performing any diagnostic imaging, it was agreed to have the claimant complete a course of conservative therapy. The request for MRI of the lumbar spine **is not medically necessary or appropriate.**

4) Regarding the request for MRI of the face:

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 Head-MRI Section (Official Disability Guidelines (ODG), 11th Edition (web), (2013), which is a Medical Treatment Guideline (MTG) not in the Medical Treatment Utilization Schedule (MTUS) and is the most recent version of the MTG. The California MTUS did not apply. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced MTG used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 3/14/13 the employee presented to the emergency room via ambulance after being assaulted at work. The employee was punched in the nose, repeatedly kicked in the back of the head and experienced loss of consciousness. A computed tomography (CT) scan of the face revealed nasal bone fractures that required further surgical intervention. Subsequent CT scans of the head, cervical spine and face were performed on 3/17/13 revealing no acute intracranial findings. The diagnoses were headache, nose trauma, and blunt head trauma. After discharge from the hospital the employee continued to experience constant headaches as well as neck and back pain. A chiropractic assessment was undertaken on 5/3/13. Six chiropractic manipulation sessions were requested and approved. MRIs of the cervical, thoracic, and lumbar spine were requested to rule out disc herniation. MRIs of the face, nose, brain, head, and an ART stimulator for pain were also requested.

The ODG's state, "Indications for magnetic imaging: To determine neurologic evidence not explained by CT; to evaluate prolonged intervals of disturbed consciousness; to define evidence of acute changes superimposed on previous trauma or disease."

The employee underwent a CT scan of the face and facial bone that showed nasal bone fractures. There was a repeat CT scan of the brain performed that was unchanged from the first. There were no acute neurologic findings or altered mental status changes. Prior to performing any diagnostic imaging, it was agreed to have the claimant complete a course of conservative therapy. The request for MRI of the face **is not medically necessary or appropriate.**

5) Regarding the request for MRI of the brain:

The Claims Administrator based its decision on the Head-MRI Section (Official Disability Guidelines (ODG), 11th Edition (web), (2013), which is a Medical Treatment Guideline (MTG) not in the Medical Treatment Utilization Schedule

(MTUS) and is the most recent version of the MTG. The California MTUS guidelines did not apply. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced MTG used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 3/14/13 the employee presented to the emergency room via ambulance after being assaulted at work. The employee was punched in the nose, repeatedly kicked in the back of the head and experienced loss of consciousness. A computed tomography (CT) scan of the face revealed nasal bone fractures that required further surgical intervention. Subsequent CT scans of the head, cervical spine and face were performed on 3/17/13 revealing no acute intracranial findings. The diagnoses were headache, nose trauma, and blunt head trauma. After discharge from the hospital the employee continued to experience constant headaches as well as neck and back pain. A chiropractic assessment was undertaken on 5/3/13. Six chiropractic manipulation sessions were requested and approved. MRIs of the cervical, thoracic, and lumbar spine were requested to rule out disc herniation. MRIs of the face, nose, brain, head, and an ART stimulator for pain were also requested.

The ODGs state, "Indications for magnetic imaging: To determine neurologic evidence not explained by CT; To evaluate prolonged intervals of disturbed consciousness; to define evidence of acute changes superimposed on previous trauma or disease.

The employee underwent a CT scan of the head in the emergency room. There was a second CT scan of the brain performed prior to discharge in the hospital. There was no neurologic evidence of focal deficit, or changes in mental status or periods of altered consciousness. The need for an MRI of the head was not established. Therefore, the request of MRI of the head **is not medically necessary and appropriate.**

6) Regarding the request for MRI of the nose:

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 Head-MRI Section (Official Disability Guidelines (ODG), 11th Edition (web), (2013), which is a Medical Treatment Guideline (MTG) not in the Medical Treatment Utilization Schedule (MTUS) and is the most recent version of the MTG. The California MTUS guidelines did not apply. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced MTG used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 3/14/13 the employee presented to the emergency room via ambulance after being assaulted at work. The employee was punched in the nose, repeatedly kicked in the back of the head and experienced loss of consciousness. A computed tomography (CT) scan of the face revealed nasal bone fractures that required further surgical intervention. Subsequent CT scans of the head, cervical spine and face were performed on 3/17/13 revealing no acute intracranial findings. The diagnoses were headache, nose trauma, and blunt head trauma. After discharge from the hospital the employee continued to experience constant headaches as well as neck and back pain. A chiropractic assessment was undertaken on 5/3/13. Six chiropractic manipulation sessions were requested and approved. MRIs of the cervical, thoracic, and lumbar spine were requested to rule out disc herniation. MRIs of the face, nose, brain, head, and an ART stimulator for pain were also requested.

The ODGs state, "Indications for magnetic imaging: To determine neurologic evidence not explained by CT; To evaluate prolonged intervals of disturbed consciousness; to define evidence of acute changes superimposed on previous trauma or disease."

There was no neurologic evidence not explained by CT scan of the facial bones (that includes the nasal bones) or periods of altered consciousness. Therefore, the MRI of the nose **is not medically necessary and appropriate.**

7) Regarding the request for MRI of the head:

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 Head-MRI Section (Official Disability Guidelines (ODG), 11th Edition (web), (2013), which is a Medical Treatment Guideline (MTG) not in the Medical Treatment Utilization Schedule (MTUS) and is the most recent version of the MTG. The California MTUS guidelines did not apply. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section MTG used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 3/14/13 the employee presented to the emergency room via ambulance after being assaulted at work. The employee was punched in the nose, repeatedly kicked in the back of the head and experienced loss of consciousness. A computed tomography (CT) scan of the face revealed nasal bone fractures that required further surgical intervention. Subsequent CT scans of the head, cervical spine and face were performed on 3/17/13 revealing no acute intracranial

findings. The diagnoses were headache, nose trauma, and blunt head trauma. After discharge from the hospital the employee continued to experience constant headaches as well as neck and back pain. A chiropractic assessment was undertaken on 5/3/13. Six chiropractic manipulation sessions were requested and approved. MRIs of the cervical, thoracic, and lumbar spine were requested to rule out disc herniation. MRIs of the face, nose, brain, head, and an ART stimulator for pain were also requested.

The ODGs state, "Indications for magnetic imaging: To determine neurologic evidence not explained by CT; To evaluate prolonged intervals of disturbed consciousness; to define evidence of acute changes superimposed on previous trauma or disease.

The employee underwent a CT scan of the brain in the emergency room. There was a second CT scan of the brain performed prior to discharge in the hospital. There was no neurologic evidence of focal deficit, or changes in mental status, or periods of altered consciousness. There were no neurologic findings not explained by CT scan of the head. The need for an MRI of the head was not established. Therefore, the request for MRI of the head **is not medically necessary and appropriate.**

8) Regarding the request for an ART stimulator:

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 Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg 121, 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:

On 3/14/13 the employee presented to the emergency room via ambulance after being assaulted at work. The employee was punched in the nose, repeatedly kicked in the back of the head and experienced loss of consciousness. A computed tomography (CT) scan of the face revealed nasal bone fractures that required further surgical intervention. Subsequent CT scans of the head, cervical spine and face were performed on 3/17/13 revealing no acute intracranial findings. The diagnoses were headache, nose trauma and blunt head trauma. After discharge from the hospital the employee continued to experience constant headaches as well as neck and back pain. A chiropractic assessment was undertaken on 5/3/13. Six chiropractic manipulation sessions were requested and approved. MRIs of the cervical, thoracic, and lumbar spine were requested

to rule out disc herniation. MRIs of the face, nose, brain, head, and an ART stimulator for pain were also requested.

The California MTUS states, neuromuscular electrical stimulation (NMES) is "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain." It was agreed that prior to certifying any durable medical equipment (DME) items that the employee should be afforded a course of treatment. There was no evidence of stroke or chronic pain. Therefore, the request of an ART stimulator **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.