
Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

4/29/2013

2/25/2013

6/7/2013

CM13-0000597

- 1) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the brain **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the cervical spine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/7/2013 disputing the Utilization Review Denial dated 4/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 an MRI of the brain **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the cervical spine **is not 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 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 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 April 29, 2013:

“This is a 29-year-old male with a 2/25/2013 date of injury; who was responding to a call (traveling via golf cart) when the vehicle made a sharp turn. The handle he was holding onto broke, causing the claimant to fall out of the cart hitting his head. 2/28/13 progress report indicates headaches, neck pain, and dizziness. Physical exam demonstrates unremarkable neurologic findings. 2/28/13 brain CT revealed negative findings. X-rays of the cervical spine revealed unremarkable findings. Treatment to date has included PT x12, medication, and activity modification. The request is for 1. MRI Brain 2. MRI C-spine.”

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 6/07/2013)
- Utilization Review Determination from [REDACTED] (dated 4/29/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule

1) Regarding the request for an MRI of the brain:

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Head Section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the MTUS does not address the issue in dispute. 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 2/25/2013 and has experienced headaches, neck pain, dizziness, and neck spasms. Treatment has included physical therapy, medication management, and activity modification. A request was submitted for an MRI of the brain.

The ODG indicates that MRI has greater sensitivity for brain imaging post head injury and can demonstrate pathology to explain neurologic deficits not explained by CT. However, the employee's neurologic testing records were unremarkable and do not indicate the employee has any neurologic deficits. The documentation submitted does not support the request. The request for an MRI of the brain **is not medically necessary and appropriate.**

2) Regarding the request for an MRI of the 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 American College of Environmental and Occupational Medicine (ACOEM), (2004), Neck and Upper Back Complaints, Chapter 8, pages 178-182, which are part of the California Medical Treatment Utilization Schedule (MTUS). 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 2/25/2013 and has experienced headaches, neck pain, dizziness, and neck spasms. Treatment has included physical therapy, medication management, and activity modification. A request was submitted for an MRI of the cervical spine.

The ACOEM Guideline indicates that MRI imaging is recommended in several circumstances including abnormalities on neurologic exam, red-flag conditions, and failure to progress in a strengthening program to avoid surgery. The records submitted and reviewed do not demonstrate the presence of any of these conditions or concerns. The guideline criteria are not met. The request for an MRI of the cervical spine **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

/sab

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.