

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

Dated: 7/24/2013

[REDACTED]

[REDACTED]

| | |
|---------------------------|--------------|
| Employee: | [REDACTED] |
| Claim Number: | [REDACTED] |
| Date of UR Decision: | 6/13/2013 |
| Date of Injury: | 5/24/2013 |
| IMR Application Received: | 6/21/2013 |
| MAXIMUS Case Number: | CM13-0000788 |

- 1) MAXIMUS Federal Services, Inc. has determined the requested MRI of the Cervical Spine **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/21/2013 disputing the Utilization Review Denial dated 6/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/21/2013. 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 MRI of the Cervical Spine **is 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 June 13, 2013

“This 55 year old male welder was hitting something with a hammer and his arm went numb on 5/24/13. Other documentation indicated that the injured worker was standing at his work table holding welding cord in one hand and torch in the other hand when he felt a flash of heat down his shoulders and pain down his arms that lasted about 4 minutes. Injured worker has since quit his job. On 6/5/13 the doctor noted tenderness over the cervical spine. Right grip was decreased compared to left. Sensory exam was normal, reflexes symmetrical. Diagnosis: neck pain. Request: cervical MRI.”

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:



- 1) **Regarding the request for Requested MRI of the Cervical Spine:**

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

The Claims Administrator based its decision on the American College of Occupational & Environmental Medicine (ACOEM) guidelines, 2nd Edition, 2004,

Neck and Upper Back Complaints, MRI, pages 177-179, of the 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 reported injuring his arm while hammering on 5/24/2013. On 6/05/2013, the provider noted tenderness over the cervical spine and decreased grip strength. An MRI of the Cervical Spine was requested.

ACOEM Guidelines, 2nd Edition, 2004, Neck and Upper Back Complaints, MRI, pages 177-179 recommends MRI for red flags. The treating provider documented a red flag condition, weakness and abnormal cervical spine x-rays. The requested MRI of the Cervical Spine 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;

Paul Manchester, MD, MPH
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.