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**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for an MRI of lumbar spine **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of cervical spine **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/1/2013 disputing the Utilization Review Denial dated 6/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/1/2013. 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 (magnetic resonance imaging) of lumbar spine **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of cervical spine **is 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 Occupational 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 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 June 21, 2013.

REQUEST: Appeal Cervical Spine MRI SUMMARY OF TREATMENT/CASE HISTORY: [REDACTED] is the 33-year-old associate who had been involved in a 04/08/13 incident at [REDACTED]. The associate was apparently coming down a ladder with a 25-30 pound toolbox when one of the rails of the ladder broke and caused the associate to fall forward landing on his right side striking his face and head on the concrete in trying to break his fall with a left hand. The associate was initially seen in emergency room, x-rays were taken, forehead wound cleaned, and tetanus shot was given. By 05/23/13, the doctor's evaluation indicates slowly improving after six chiropractic treatments from 04/18/13 to 05/23/13. He is working with restrictions part-time. There were complaints of neck and upper back pain with radiation to the right arm, headache, dizziness, sensitive to light, nausea, left wrist pain with numbness and tingling, mid back pain increased on the left, lower back increased on the left going to the buttocks to the left leg with some numbness. There was chest pain, tailbone and sacroiliac pain, stress, anger, and depression, gastrointestinal problem, sleeping difficulty. There are functional limitations that were described. The associate was having reduction of range-of-motion 30% lumbar spine, more on the left and 25% restriction cervical range-of-motion, tenderness, muscle spasm, myofascial pain, trigger points, Lasegue's back pain 70 degrees on the left and 75 degrees on the right, Patrick-Fabere's lower back pain on the left, Bragard's questionable, Kemp's created less lower back pain more on the left, cervical compression created less neck and upper back pain more on the right including Soto-Hall's and shoulder depression, cervical distraction negative, decreased left grip strength 25 pounds versus 60 pounds, reflexes trace at Achilles and trace at patella, upper and lower extremities decreased in the left lower extremity and in the right upper extremity, heel and toe walking increased low back pain more so on the left, difficulty to change position, wrist wrapped with Ace bandage, tenderness with restriction, muscle spasm, weakness, positive Tinel's and positive Phalen's in left wrist, knee tender more on distal thigh and around the knee joint, and range-of-motion was normal.

## 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:

- Applications for Independent Medical Review
- Utilization Review Determinations by [REDACTED] (dated 6/21/13)
- Pre-Authorization Review by [REDACTED] (dated 5/16/13)
- Appeal Review by [REDACTED] (dated 6/20/13)
- Employee's Medical Records by [REDACTED], D.C. (dated 4/18/13 to 7/11/13)
- Employee's Medical Records by [REDACTED] (dated 4/8/13 and 4/9/13)
- Employee's Medical Records by [REDACTED] (dated 4/11/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) – Low Back Chapter, pages 303-305

### 1) Regarding the request for an MRI of lumbar 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 Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004) – Chapter 12: Low Back Complaints, pages 303-305, 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 4/8/13 after falling from a ladder. The employee experienced pain in the neck, upper back, mid back, and lower back, among other areas. The employee also experienced reduced range of motion in the lumbar and cervical areas of the spine. Treatment to date has included analgesic medications, care from providers in various specialties, an unspecified number of chiropractic therapy sessions, and work restrictions. The most recent progress report, dated 7/11/13, indicates the employee continues to experience symptoms and has not returned to regular work duties. A request was submitted for an MRI of the lumbar spine.

The ACOEM guidelines recommend an MRI for individuals with evidence of nerve compromise upon neurologic examination and individuals who failed to respond to treatment and would consider surgery if offered. In this case, the medical records indicate the employee has failed to respond favorably to conservative treatment, medications, chiropractic therapy, and work restrictions. He has failed to return to regular duty work and symptoms persist. The request for an MRI of lumbar spine is medically necessary and appropriate.

## 2) Regarding the request for an MRI of 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 Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) – Low Back Chapter, pages 303-305, of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on ACOEM – Chapter 8: Neck and Upper Back Complaints (pages 177-178), of the MTUS.

### Rationale for the Decision:

The employee was injured on 4/8/13 after falling from a ladder. The employee experienced pain in the neck, upper back, mid back, and lower back, among other areas. The employee also experienced reduced range of motion in the lumbar and cervical areas of the spine. Treatment to date has included analgesic medications, care from providers in various specialties, an unspecified number of chiropractic therapy sessions, and work restrictions. The most recent progress report, dated 7/11/13, indicates the employee continues to experience symptoms and has not returned to regular work duties. A request was submitted for an MRI of the cervical spine.

The ACOEM guidelines recommend an MRI to evaluate a red flag, where there is evidence of tissue insult or neurologic dysfunction, and where there is a failure to progress in a strengthening program intended to avoid surgery. In this case, the employee has had persistent cervical radicular symptomatology for the past several months and records indicate signs of neurologic compression in the neck. The employee has failed to respond favorably to conservative treatment and has failed to return to regular work duty. The request for an MRI of 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;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.



