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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 MRI of the lumbar spine **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 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 7/1/2013 disputing the Utilization Review Denial dated 5/21/2013. 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 MRI of the lumbar spine **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 25, 2013

“Progress report dated 04/26/13 notes that the claimant has significant alteration at work dated 02/08/13. The claimant complains of pain in the neck, right shoulder, and low back area. The claimant also complains of intermittent pain in the right lower extremity. The provider notes that the claimant has physical therapy with no noted significant improvement. Examination of the cervical spine shows paresthesias and dyesthesia in the biceps and dorsoradial forearm of the right side. There is unequivocal Spurling's test. Examination of the right shoulder shows pain with abduction and forward flexion. There is positive cross-arm test and impingement test. Examination of the low back area shows significant tension on the right low back area. The provider recommends MRI of the cervical spine, lumbar spine, and right shoulder.

“Progress report dated 05/15/13 notes that the claimant continues to experience a significant amount of neck pain, low back pain and right shoulder pain. The claimant continues to experience right leg pain. Physical examination reveals right Jamar testing is 12/8/6 and left is 18/10/12. Upon assessment, it is noted that the claimant has history of neck pain, radiating right arm numbness and pain, chronic lower back pain, right leg pain and severe low back pain and right leg pain as well as neck pain and right arm pain. There is a severe right shoulder pain with resisted abduction as well as internal rotation. The provider notes that MRIs are reasonable and appropriate due to significant injury and continued pain despite physical therapy.

“PR-2 dated 06/04/13 notes that the claimant has pain that radiates from the neck into the right arm. There is shoulder pain that is constantly increasing with over head reaching motions of the shoulder. The low back pain is constant with intermittent pain and numbness radiating into the right leg. Physical examination reveals positive straight leg raise. There is limited lumbar and cervical range of motion. Right shoulder range of motion is also limited and there is 4/5 weakness. Treatment plan Includes orthopedic evaluation of the right shoulder and MRI of the cervical spine, lumbar spine, and right shoulder.”

### **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 MRI cervical spine (received 7/1/13)
- Application for MRI lumbar spine (received 7/1/13)
- Utilization Review Determination from [REDACTED] (dated 5/21/13)
- Utilization Review Appeal Determination from [REDACTED] (dated 6/25/13)
- Utilization Review Determination from [REDACTED] (dated 5/21/13)
- Utilization Review Appeal from [REDACTED] (dated 6/25/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 12, Low Back Complaints, pg. 303
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 8, Neck and Upper Back Complaints, pgs. 177-178
- Treating Provider Appeal Letter to Utilization Review Determinations (dated 5/21/13)
- Medical Records from [REDACTED] (dated 2/8/13 – 2/16/13)
- Medical Records from [REDACTED] (dated 2/13/13- 3/19/13)
- Medical Records from the [REDACTED] (dated 2/28/13 – 6/13/13)
- Medical Records from [REDACTED] (dated 3/7/13 – 3/29/13)
- Medical Record from [REDACTED], MD (dated 6/19/13)
- Medical Records from [REDACTED] (dated 5/15/13 – 6/12/13)
- Dental Records from [REDACTED] (dated 5/14/13)

### **1) Regarding the request for MRI of the 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), 2<sup>nd</sup> Edition, (2004), Chapter 12, Low Back Complaints, pg. 303, part of the Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) (updated 10/24/12), Low Back – Lumbar & Thoracic, Low Back Procedure and MRI Sections, a Medical Treatment Guideline (MTG) not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The

Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 12, Low Back Complaints, pg. 303 and 309, part of the MTUS relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 2/8/13 the employee sustained a work-related injury to the cervical and lumbar spine and to the right shoulder. Diagnosis on 3/15/13 was displacement of cervical and lumbar disc degeneration. Treatment included analgesics and physical therapy. A progress report dated 6/4/13 noted the employee continued to experience cervical and lumbar spine pain, right arm pain, and intermittent pain and numbness in the right leg. A request was submitted for MRIs of the lumbar and cervical spine.

ACOEM guidelines support imaging of the lumbar spine for red flag diagnoses where plain film radiographs are negative, or have unequivocal objective findings that identify specific nerve compromise on neurologic examination, and do not respond to treatment. In this case, there is a positive Dejerine's sign, decreased sensation to both light touch and pinprick in the lateral aspect of the right lower leg as well as dorsum of the foot. The employee has been non-responsive to rest, oral medications, and past efforts of physical therapy. Given the evidence of sensory deficit as well as neural tension sign, the request for lumbar MRI to evaluate for potential causes of lumbar radiculopathy is appropriate. The request for MRI of the lumbar spine **is medically necessary and appropriate.**

**2) Regarding the request for 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 Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 8, Neck and Upper Back Complaints, pgs. 177-178, part of the MTUS and the Official Disability Guidelines (ODG) (updated 3/11/13), Neck and Upper Back Procedure Summary and MRI Sections, a MTG not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 8, Neck and Upper Back Complaints, pgs.179-180 relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

On 2/8/13 the employee sustained a work-related injury to the cervical and lumbar spine and to the right shoulder. Diagnosis on 3/15/13 was displacement of cervical and lumbar disc degeneration. Treatment included analgesics and physical therapy. A progress report dated 6/4/13 noted the employee continued to experience cervical and lumbar spine pain, right arm pain, and intermittent pain and numbness in the right leg. A request was submitted for MRIs of the lumbar and cervical spine.

ACOEM guidelines support ordering of imaging studies for emergence of red flags that would include unequivocal findings which would identify specific nerve compromise on neurologic examination if symptoms persist. In this case Spurling's Test produced pain radiating to the right arm. However, there is a lack of documentation pertaining to examination of the cervical spine involving testing of sensory, motor, and deep tendon reflexes of the upper extremities. A positive Spurling's Test is suggestive of an impinged nerve root, but this does not constitute "unequivocal findings that identify specific nerve compromise on the neurologic examination." The request for 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  
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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.



