

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Notice of Independent Medical Review Determination**

Dated: 8/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/5/2013
Date of Injury:	5/10/2013
IMR Application Received:	7/5/2013
MAXIMUS Case Number:	CM13-0000955

- 1) MAXIMUS Federal Services, Inc. has determined the requested 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 7/5/2013 disputing the Utilization Review Denial dated 6/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/5/2013. 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 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 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 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 5, 2013

“Patient is a 44-year-old male presenting with low back pain and left leg pain attributed to a work- related injury on 05/10/2013 that occurred while lifting a heavy load..”The patient was lifting 20 boxes with a weight distribution of 20 to 70 pounds. The first visit to the [REDACTED] clinic described diffuse pain and non-anatomic distribution pain in the cervical thoracic and lumbar para-spinous muscle areas. There was no mention of any red flag in regards to nerve compression and or neurological compromise in either left upper or lower extremity. The final diagnosis was spasm spasm of the cervical thoracic as well as lumbar spine. He was prescribed Relafen heat and chiropractic care. It seems that he did not improve during the next visit and on or about 6/16 he underwent a lumbar spine MRI scan which showed an L1/L2 disc bulging without nerve compression or foraminal compromise. Incidentally there was a kidney cyst. A note from 611 indicates that the patient may benefit from physical therapy which I have no records in the files provided. In any event it is now requested that the patient undergo MRI scanning of his cervical spine when neither medication i.e. nonsteroidals, pain medication, and anti- spasmotic medication, have yet to have be prescribed in combination. There is no medical evidence that the patient suffers from cervical spinal cord impingement syndromes and she has not yet completed a 3-6 week period of conservative therapy. the neurological examination as presented has not identified physiologic evidence of nerve dysfunction or a peripheral neuropathy and therefore conservative therapy should be continued at this point in time. Most commonly lumbar spinal disease mimics cervical spine disease even so his mechanism of injury tends to point more towards the lower spine and the upper spine. My recommendations would be initially cervical spine films with flexion and extension followed by if necessary CT scanning and/or EMGs.”

**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:

[REDACTED]

**1) 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) guidelines, 2004, 2<sup>nd</sup> Edition, Neck and Upper Back Complaints, Chapter 8, MRI pages 177-178, of the MTUS, and the Official Disability Guidelines, Current Version, Neck Chapter, MRI, a Medical Treatment Guideline (MTG) not in the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee reported a low back and left leg injury on 5/10/2013. On the first clinical visit the employee described diffuse pain and non-anatomic distribution pain in the cervical, thoracic and lumbar para-spinal muscle areas. Relafen heat and chiropractic care were prescribed and an MRI was done of the lumbar spine. A request was made for a cervical MRI.

ACOEM guidelines do not support cervical MRI’s in the absence of red flag issues. The submitted medical records fail to document any red-flag issues and there is no evidence that conservative care measures have been exhausted. The requested 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;

Paul Manchester, MD, MPH  
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.