

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/5/2013
Date of Injury:	2/19/2003
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0010168

- 1) MAXIMUS Federal Services, Inc. has determined the request for an MRI with Gadolinium of the Cervical Spine **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Van to transport Motorized Wheelchair **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. 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 with Gadolinium of the Cervical Spine **is not medically necessary and appropriate.**
- 1) MAXIMUS Federal Services, Inc. has determined the request for Van to transport Motorized Wheelchair 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.

Expert Reviewer Case Summary:

The patient is a 66 yo female who sustained an injury on 02/19/2013. The mechanism of injury occurred when the patient was getting up from a chair in a nurse's station, tripped on the floor, and fell onto her left hip and knees. Diagnoses to date have included carpal tunnel syndrome, derangement of meniscus, internal derangement of the knee, neck pain, low back pain and sprain of the thoracic spine region. The patient still complains of neck, knee and low back pain. On evaluation dated 07/02/2013 she has complaints of neck pain with tenderness on palpation with flexion of 40 degrees, lateral bending at 40 degrees and extension to 15 degrees. There were no abnormal reflexes described. An MRI of the cervical spine has demonstrated disc protrusions at C3-4,5,6,7 and bulging discs at C7-T1. She has been treated with medical therapy and continued home exercises. An MRI with gadolinium has been requested.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for an MRI with Gadolinium of the Cervical Spine :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 8, page 177, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pg. 177, Special Studies and Diagnostic Treatment Considerations, which is a part of the MTUS.

Rationale for the Decision:

A review of the medical records provided and per ACOEM guidelines, indicate there are no radicular findings on exam. There is continued evidence of pain to palpation with cervical spine tenderness. A cervical MRI has been completed. Per Medscape Internal Medicine, gadolinium increases diagnostic accuracy and is indicated to distinguish inflammation versus scar tissue. The employee has not undergone any previous cervical spine surgery. There has been no change in symptoms and/or exam findings evidencing any upper extremity associated cervical radiculopathy. **The request for an MRI with Gadolinium of the Cervical Spine is not medically necessary and appropriate.**

2) Regarding the request for Van to transport Motorized Wheelchair :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California Department of Health Care Services Criteria Manual Chapter 12.1, Criteria For Medical Transportation and Related Services II- Nonemergency Medical Transportation, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on California Department of Health Care Services Criteria Manual Chapter 12.1.

Rationale for the Decision:

A review of the medical records provided, indicates there is no documentation provided necessitating van transport for motorized wheelchair. The employee is able to ambulate with the use of crutches and there is no documentation that the employee's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Guideline criteria have not been met as there is no severe dysfunction of upper and lower extremities. The guidelines do not support transportation services in the acute, subacute or post-operative management of injuries. **The request for a Van to transport Motorized Wheelchair 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, 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.