
Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

IMR Case Number:	CM13-0011211	Date of Injury:	04/14/2013
Claims Number:	██████████	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/14/2013
Employee Name:	██████████		
Provider Name:	██████████		
Treatment(s) in Dispute Listed on IMR Application:	X-ray of the cervical spine and thoracic spine and CTLSO support		

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, ██████████

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, and is licensed to practice in Pennsylvania. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient's date of injury is 4/14/2013. The patient has a treating diagnosis to include a cervical sprain/strain and a thoracic sprain/strain, as well as a shoulder sprain/strain. The patient was reportedly initially injured when he was separating extremely heavy supply carts. The initial physician review indicated the medical records did not indicate clinical findings to support the medical necessity of plain films of the cervical or thoracic spine. This review also recommended noncertification of a lumbar TLSO support as not medically necessary.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. X-ray of the cervical and thoracic spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines which is part of the MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg 177, as well as Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 303, which are part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines, Chapter 8, Neck, page 177 states "For most patients presenting with true neck problems, special studies are not needed unless a 3-4 week period of conservative treatment fails to improve symptoms . . . Most patients improve quickly provided any red-flag conditions are ruled out." The principles from the low back section also apply in this case, noting that the

ACOEM Guidelines, Chapter 12, page 303 states, “Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks.” The medical records in this case are those of a proposed sprain, which would resolve within a few weeks with or without specific treatment. The medical records do not propose an alternative specific diagnosis to be evaluated via x-rays. Therefore, the request of x-rays is not supported. This request is not medically necessary.

2. CTSO is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines which is part of the MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg. 301.

The Physician Reviewer’s decision rationale:

ACOEM Guidelines, Chapter 12, Low Back, Page 301 states “Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief.” The medical records and the guidelines do not provide a rationale for probable benefit from this equipment. The guidelines encourage active independent rehabilitation, which may be difficult with such a limiting device. Overall again, the records and guidelines do not support this request. This request is not medically necessary.

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.

[REDACTED]

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