MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/10/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/8/2013
Date of Injury:	3/2/2009
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011382

1) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the cervical spine **is not medically necessary and appropriate.**

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. 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 of the cervical spine **is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the lumbar 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 Radiology 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 51 year old female with a date of repetitive injury of 3/2/09. She has suffered from left shoulder, neck, left arm and low back pain without radicular symptoms since this time. Arthroscopic left shoulder surgery in 2010 was unsuccessful. She has continued to suffer from neck pain which has been documented to be related to multilevel degenerative disc disease. A spine specialist, [redacted], has opined that surgery is not indicated and that the small herniation seen on MRI scans of the cervical spine dated 3/12/10 and 12/19/12 are not likely the etiology of the shoulder/arm pain. There are no new symptoms or neurological deficits related to the cervical spine. She has undergone water therapy with incomplete success. She has complained of significant low back pain but has no neurological deficits and no red flags. An MRI of the lumbar spine has not been done according to the records. Such evalutation 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 and Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for** an MRI of the cervical spine**:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the ACOEM California Guidelines Plus, Web based version, Special Studies and Diagnostic and Treatment Considerations, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Neck and Upper Back Chapter, page 177, which is part of the MTUS, and the Appropriateness Criteria for chronic neck pain published by the American College of Radiology at www.acr.org, which is not part of the MTUS.

Rationale for the Decision:
The employee has already had two MRI exams of the cervical spine and there is no substantial change related to the cervical spine to indicate a repeat MRI of the neck. MRI neurography has been beneficial in some patients with brachial plexus injuries but the exam is not routinely offered and there is no detailed neurological note describing the need for the test in the records submitted for review. **The request for an MRI of the cervical spine is not medically necessary and appropriate.**

2) **Regarding the request for** an MRI of the lumbar spine**:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the ACOEM California Guidelines Plus, Web based version, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Low Back Chapter, pages 290 and 303, which are part of the MTUS, and the Appropriateness Criteria for chronic low back pain published by the American College of Radiology at www.acr.org, which are not part of the MTUS.

Rationale for the Decision:
According to the records submitted for review, the employee has had chronic low back pain for many years without relief and no MRI of the lumbar spine has been done. It is reasonable to perform such a test given the lack of a prior exam to determine the baseline for this employee. Water therapy has been tried but incomplete or unsuccessful. **The request for an MRI of the lumbar 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dso

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.