

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



---

**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

December 17, 2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/24/2013  
Date of Injury: 10/17/2011  
IMR Application Received: 8/19/2013  
MAXIMUS Case Number: CM13-0013813

Dear Mr./Ms. [REDACTED]

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: PARTIAL OVERTURN. This means we decided that some (but not all) 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, [REDACTED]

## 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 Occupational 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 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:

**CLINICAL SUMMARY:** The applicant is a [REDACTED] employee who has filed a claim for chronic low back pain, headaches, leg pain, finger pain, and neck pain reportedly associated with an industrial injury of October 17, 2011.

The applicant is represented.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; psychological counseling; interventional spine injection therapy; unspecified amounts of physical therapy; electrodiagnostic testing on the bilateral upper extremities, notable for mild ulnar neuropathy at the elbow; prior MRI imaging of the cervical spine of July 17, 2012, notable for multilevel disk bulges, degenerative changes, and spinal stenosis of uncertain clinical significance; and extensive periods of time off of work.

In a utilization review report of July 24, 2013, the claims administrator denied a neuropsychology consultation, cervical MRI, brain MRI, an ENG study, and a brain stem evoked response study.

The applicant subsequently appealed, on August 19, 2013.

The most recent note on file is a September 16, 2013 progress note from the applicant's new attending provider, noting that she is to remain off of work, on total temporary disability for another six weeks.

An earlier note of August 12, 2013 is notable for comments that the applicant has severe headaches, reports dizziness, tinnitus, and difficulty concentrating with severe neck pain, shoulder pain, and radiation of neck pain to the right upper extremity. It is stated that the applicant has had a closed head injury and has not had prior MRI imaging. It is stated that the

applicant's ENT doctor has also ordered a brain stem evoked response study and electronystagmography, as well as neuropsychological consultation.

In an earlier note of February 22, 2013, it is stated that the applicant has had a previous MRI of the brain and the cervical spine, but that the current treating provider is unaware of the results of the same. The medical record is reviewed; however, there is no mention or description of the brain MRI results.

### **IMR DECISION(S) AND RATIONALE(S)**

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

#### **1. Neuropsychologist consultation is medically necessary and appropriate.**

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Independent Medical Examinations, pg. 127.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Psychological evaluations, pg. 100-101, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on pages 100 and 101 of the MTUS Chronic Medical Treatment Guidelines, both psychological evaluations and psychological treatment are recommended in the chronic pain population. The applicant is clearly an individual with chronic pain issues, and quite possibly, underlying psychopathology. Neuropsychologic consultation would be of help in trying to differentiate between the two. Therefore the original utilization review decision is overturned. **The request for neuropsychologist consultation is medically necessary and appropriate.**

#### **2. MRI of the cervical spine is not medically necessary and appropriate.**

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Neck and Upper Back Complaints, pg.178, which is part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Neck and Upper Back Complaints, pg. 182, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted in the MTUS-adopted ACOEM Guidelines in chapter 8, table 8-8. MRI and/or CT imaging are indicated to validate the diagnosis of neurologic compromise based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, the applicant has already had prior cervical MRI imaging, which was nonspecific and failed to clearly identify any specific evidence of neurologic compromise. There is no evidence that the applicant has any progressively worsening neurologic complaints or deficits, which would warrant repeat cervical MRI imaging at this point. It appears, furthermore, that there may be some psychological component to the applicant's issues. **The request for MRI of the cervical spine is not medically necessary and appropriate.**

### **3. MRI of the brain is medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Head (trauma, headaches, etc., not including stress & mental disorders), which is not 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 <http://www.acr.org> ACR-ASNR-SPR PRACTICE GUIDELINE FOR THE PERFORMANCE AND INTERPRETATION OF MAGNETIC RESONANCE IMAGING (MRI) OF THE BRAIN

The Physician Reviewer's decision rationale:

There is no concrete evidence that the applicant has had prior brain MRI imaging. As noted by the American College of Radiology (ACR), indications for MRI imaging of the brain include posttraumatic brain injury, headaches, and psychiatric disorders. In this case, there is some evidence or suspicion of all of the above. The applicant did sustain a closed head injury. There is no concrete evidence that the applicant has had prior MRI imaging of the brain, although multiple other body parts have been MRI'ed. Obtaining MRI imaging to evaluate the source of the applicant's ongoing complaints of headaches, dizziness, tinnitus, etc., is indicated here. **The request for MRI of the brain is medically necessary and appropriate.**

### **4. Electronystagmography study is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician 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 [emedicine.medscape.com/article/836028-overview](http://emedicine.medscape.com/article/836028-overview)

The Physician Reviewer's decision rationale:

As noted in Medscape Electronystagmography article, ENG testing can be employed to assess vestibular function. It is noted that the overall yield is quite low, however, as ENG testing demonstrates abnormal test results in 39% of the patient's tested with only about 29% of test results revealing site of the lesion. In this case, an alternate test, namely a brain MRI, has been certified above through this independent medical review. It will be more appropriate to determine the results of brain MRI before ENG testing is sought. It is further noted that neuropsychological consultation has also been certified above, to determine whether the claimant's symptoms may have some psychological or psychiatric etiology. Again, it will more appropriate to determine the results of said consults before pursuing a potentially lower yield ENG study. **The request for electronystagmography study is not medically necessary and appropriate.**

### **5. Brainstem evoked response study is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician 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 [emedicine.medscape.com/article/836277-overview](http://emedicine.medscape.com/article/836277-overview)

The Physician Reviewer's decision rationale:

As noted in the Medscape Auditory Brainstem Response Audiometry article, brainstem evoked response studies can be employed to identify retrocochlear pathology, identify acoustic neuromas, vestibular schwannomas, and/or establish the presence of hearing loss. In this case, however, several other studies, including brain MRI imaging and a neuropsychological consultation, have also been certified above to help identify the source of the claimant's complaints. It may be more appropriate to determine the results of the same before more esoteric studies such as auditory brainstem evoked response studies are sought, particularly as the attending provider did not formulate a clear diagnosis or differential diagnosis here, leaving the case open to the interpretation that the claimant's symptoms could very well represent a function of underlying psychopathology as opposed to representing a schwannoma, neuroma, retrocochlear pathology, etc. Therefore, the original utilization review decision is upheld. **The request for brainstem evoked response study is not medically necessary and appropriate.**

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]