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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

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[redacted]

Dated: 12/31/2013

IMR Case Number:	CM13-0016470	**Date of Injury:**	03/01/2013
Claims Number:	[redacted]	**UR Denial Date:**	08/08/2013
Priority:	STANDARD	**Application Received:**	08/26/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
SEE ATTACHED			

DEAR [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: OVERTURN. This means we decided that 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

The IMR application shows the employee was injured on 3/1/13 and is disputing a 8/8/13 UR decision. The 8/9/13 UR decision from [redacted] is based on the 6/18/13 medical report and is authorizing the EMG/NCV BUE and MRI of the cervical spine, but denying the EMG/NCV BLE; MRI of the lumbar spine and of the shoulders.

Records:
6/18/13 [redacted] (orthopedic/spinal surgery) 60 YO,4'11",RHD, F, with gradual onset of pain in the spine, shoulders, and thumbs. She started work for the [redacted] as a typist clerk in 1985, the pain was back on 2/25/13 and disabling on 3/1/13. She was unable to get out of bed. She went to the ER and was provided IV pain medications. She tried chiropractic, PT, acupuncture and oral medications with temporary relief. She presents for orthopedic evaluation. Currently, she has neck pain, with headaches and tingling and numbness in the upper extremities. Lower back pain associated with tingling and numbness in the lower extremities. Pain in the shoulders is worse with work at or above shoulder level. Pain in both thumbs aggravated with repetitive motion. There is past history of Graves disease. Cervical exam: positive Spurlings for extension of symptoms into the upper extremities. Generalized weakness and numbness in the upper extremities, consistent with double crush. Palmar compression and Phalens and Tinels are positive with median nerve distribution and dysesthesia in the C5-C6 distribution. Shoulder exam shows pain/tenderness at anterior GH joint, and subacromial space. Lumbar extension is guarded. Lumbar XR shows grade 1-2 spondylolisthesis at L4 on L5. X-ray of the shoulders are wnl. Diagnoses: cervical discopathy with segmental instability. Lumbar discopathy with segmental instability, CTS/double crush syndrome, r/o internal derangement both shoulders.

IMR DECISION(S) AND RATIONALE(S)

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

1. EMG/NCV bilateral lower extremities is medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, EMG, page 303, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, EMG, page 303, which is part of the MTUS.

The Physician Reviewer's decision rationale:
The patient is reported to have paresthesia down the legs. She has history of Graves disease, and grade 1-2 spondylolisthesis at L4/5. She failed conservative care and was referred to the orthopedic surgeon who recommended the EMG/NCS of the lower extremities. ACOEM states EMG including H-reflex can be useful to identify focal neurologic dysfunction. Numbness and tingling down the legs would appear to be a sign of neurologic dysfunction. The request for the EMG/NCV BLE appears to be in accordance with ACOEM. **The request for EMG/NCV bilateral lower extremities is medically necessary and appropriate**

2. MRI of the lumbar spine is medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, pages 303, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), Special Studies and Diagnostic and Treatment Considerations, pages 303-305, which is part of the MTUS.

The Physician Reviewer's decision rationale:
The patient is reported to have numbness and tingling down both legs. She already had conservative therapy and was referred to the orthopedist for surgical evaluation. The orthopedic surgeon noted lumbar radiographs showing grade 1-2 spondylolisthesis and segmental instability. He requested the lumbar MRI for further evaluation, surgical planning. ACOEM does not provide strong indications for lumbar MRI in the absence of red flags, but ACOEM does state: it may be appropriate when the physician believes it would aid in patient management. The lumbar MRI requested by the orthopedic spinal surgeon for evaluation, appears to meet ACOEM guidelines. **The request for MRI of the lumbar spine is medically necessary and appropriate.**

3. MRI of the shoulders is medically necessary and appropriate.

The Claims Administrator based its decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), Special Studies and Diagnostic and Treatment Considerations, pages 207-209, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), Special Studies and Diagnostic and Treatment Considerations, pages 207-209, which is part of the MTUS.

The Physician Reviewer's decision rationale:
The MRI for the shoulders appears to meet ACOEM guidelines. The orthopedic surgeon requested the MRIs to rule out internal derangement in a patient that has persistent shoulder symptoms over 4-6 weeks, and has failed PT, chiropractic, acupuncture and oral medications. **The request for MRI of the shoulders is 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.

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