

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/9/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/14/2013
Date of Injury:	5/26/2005
IMR Application Received:	8/29/2013
MAXIMUS Case Number:	CM13-0018046

- 1) MAXIMUS Federal Services, Inc. has determined the request for **cervical MRI is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **shoulder MRI is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/14/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **cervical MRI** is **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **shoulder MRI** 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 Orthopedic Surgery, 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 71-year-old male who was injured on 5/26/2005 while restraining a student. Between 2012 and April 2013 he was treated for cervical and shoulder complaints with facet injections, epidural steroid injections, pool exercises, and medications. An MRI of the cervical spine in January 2012 reportedly showed severe canal and neuroforaminal stenosis at C3-4 and C4-5. Electrodiagnostic studies on 1/13/2012 reportedly showed carpal tunnel syndrome and right active C6 denervation without other evidence of acute cervical radiculopathy. On 5/29/2013, right C4-5 and C5-6 intra-articular zygapophyseal (facet) steroid injections were given. He had ongoing neck pain and intermittent upper extremity radicular pain. On 8/2/2013, the patient presented with right sided neck pain radiating to the right shoulder and proximal right arm. Examination of the cervical spine showed no tenderness on axial compression, Spurling's was positive for increased pain on the right, and upper extremity reflexes were 1+ and symmetrical. The patient's upper extremity sensation was intact to light touch, over the C4 through T2 dermatomes, and strength of the upper extremities was 5/5 throughout bilaterally except right biceps which was 4/5. X-rays of the cervical spine showed severe, multilevel degenerative disc disease with osteophyte formation, primarily C3-5 and autofusion at C5-7. Degeneration of the cervical intervertebral disc, cervical spondylosis, displacement of the cervical intervertebral disc without myelopathy, spinal stenosis of the cervical spine and radiculopathy were diagnosed. An MRI of the cervical spine on 10/16/2013 revealed multilevel discogenic degenerative change and facet arthropathy, disc bulges and moderate to moderately severe bilateral C3-4 and C4-5 neural foraminal narrowing, not well defined on the study due to a lack of axial sequences. There were postoperative changes at C6-7.

An MRI of the right shoulder without contrast on 10/16/2013 revealed a tear of the

leading edge of the supraspinatus tendon by the rotator interval. There was fraying and increased signal at the anterior inferior labrum consistent with a labral tear. There was some osteoarthritis at the glenohumeral joint and acromioclavicular (AC) joint spaces as well as a fatty mass along the distal margin of the teres minor muscle/tendinous junction just posterior to the humeral neck consistent with a lipoma. There was increased fluid in the subacromial/subdeltoid bursa either due to communication with the joint fluid through the rotator cuff tear or secondary to a bursitis.

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:

- [REDACTED]

1) Regarding the request for cervical MRI:

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 Practice Guidelines, Neck and Upper Back Section, which is part of the MTUS, and the Official Disability Guidelines (ODG), which is not 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)page 165 and pages 177-178, which is part of the MTUS.

Rationale for the Decision:

ACOEM states that an imaging study may be appropriate for patients with limitations due to consistent symptoms that have persisted for four to six weeks, when surgery is being considered for a specific anatomic defect, or to further evaluate the possibility of potentially serious pathology, such as a tumor. The criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The records provided for review indicate the employee has chronic complaints of neck and shoulder pain that have been evaluated in the past with a cervical MRI in January 2012 which showed severe canal and neuroforaminal stenosis. In addition, the employee underwent electromyography (EMG), which showed a right C6 radiculopathy. He was treated conservatively and was evaluated by a spine surgeon. The provider's impression was degeneration of the cervical intervertebral disc, cervical spondylolisthesis, and displacement of the cervical disc with stenosis. An MRI of the shoulder on 10/16/2013 revealed a tear of the leading edge of the supraspinatus with some fraying. An MRI was also taken of the cervical spine. The employee did appear to have proximal arm pain with weakness and a

previous MRI showing stenosis. **The request for cervical MRI is medically necessary and appropriate.**

2) Regarding the request for shoulder MRI:

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 Official Disability Guidelines (ODG), Shoulder Section, which is not part of 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 the Official Disability Guidelines (ODG), Treatment in Worker's Comp 18th Edition, 2013 Updates, Shoulder Chapter, which is not part of MTUS.

Rationale for the Decision:

ACOEM states that an imaging study may be appropriate for patients with limitations due to consistent symptoms that have persisted for four to six weeks, when surgery is being considered for a specific anatomic defect, or to further evaluate the possibility of potentially serious pathology, such as a tumor. The criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The records provided for review indicate the employee has chronic complaints of neck and shoulder pain that have been evaluated in the past with an MRI of the shoulder on 10/16/2013 which revealed a tear of the leading edge of the supraspinatus with some fraying. Based on the records provided for review, there is no justification for an MRI of the shoulder. Specifically, there is no documentation of physical findings related to the shoulder such as positive impingement signs or signs of shoulder pathology, which would warrant further diagnostic imaging. **The request for shoulder MRI 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

/sab

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.