

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/17/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/22/2013
Date of Injury:	2/5/2013
IMR Application Received:	9/3/2013
MAXIMUS Case Number:	CM13-0019535

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/3/2013 disputing the Utilization Review Denial dated 8/22/2013. 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 **MRI elbow is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MRI thoracic 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 claimant is a 58-year-old who was injured on 2/5/2013. The clinical records document neck, left elbow, and low back pain. There has been a gradual progression of symptoms. Previous testing includes a 4/19/2013 bilateral upper extremity electrodiagnostic study that was described as normal. An MRI of the cervical spine showed multilevel disc desiccation and bulging at C3-4 through C6-7, most noted at the C5-6 and C6-7 level, resulting in mild to moderate bilateral neuroforaminal stenosis. Physical examination revealed left elbow lateral tenderness to palpation and range of motion within normal limits. The cervical spine was noted to have paravertebral muscle tenderness and spasm, while deep tendon reflexes, motor strength and sensation were all grossly intact. The claimant was given a diagnosis of cervical radiculopathy, left lateral epicondylitis, and rule out tendon tear. The provider recommended left elbow and thoracic spine MRIs. Plain film radiographs were noted to show no pathology. Conservative care has included physical therapy, medication management, activity restrictions, and tennis elbow strap and modified activities.

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 MRI elbow:

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), Elbow: MRI section, which is not part of MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Elbow Disorders Chapter 10, pages 33-34, which is part of MTUS.

Rationale for the Decision:

The ACOEM guidelines support elbow MRI for evaluation of patients who fail to progress in a rehabilitation program, show evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. The records submitted for review indicate the employee continues to be symptomatic over the lateral epicondyle with documentation of a failed response to conservative care. The requested MRI of the elbow will allow for evaluation of a possible tendinosis injury in the setting of inconclusive plain films, failed conservative care and continued symptomatic findings. **The request for MRI elbow is medically necessary and appropriate.**

2) Regarding the request for MRI thoracic:

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 MTUS – Definitions “Functional Improvement”, which is part of MTUS, and the Official Disability Guidelines (ODG), Thoracic: MRI 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), 18th Edition, 2013 Updates, Low Back Procedure, which is not part of MTUS.

Rationale for the Decision:

The ODG support the role of thoracic MRI scans in situations involving thoracic spine trauma with neurologic deficits. The records submitted for review do not include evidence of a history of thoracic injury and the employee’s clinical presentation does not include thoracic physical examination for which the imaging would be warranted. **The request for MRI thoracic 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.