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

MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/27/2013

IMR Case Number:	CM13-0001998	**Date of Injury:**	04/03/1998
Claims Number:	[redacted]	**UR Denial Date:**	07/09/2013
Priority:	Standard	**Application Received:**	08/09/2013
Employee Name:	[redacted]		
Provider Name:	[redacted], MD		
Treatment(s) in Dispute Listed on IMR Application:	CT scan of cervical and lumbar spine MRI of the lumbar spine		

DEAR INJURED WORKER or INJURED WORKER REP,

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: UPHOLD. This means we decided that none 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, and is licensed to practice in California, Ohio, and Pennsylvania. 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 underlying date of injuy in this case is 04/03/1998. Treating diagnoses include degenerative spondylolisthesis at L4-L5, right L5 radiculopathy, and status post C2 through T1 stablization for a cervial myelopathy. Specifically, the patient is status post a C2 through T1 fusion on 05/03/2011. The patient has subsequently reported ongoing neck pain with crepitus. CT imaging of the cervical spine on 01/09/2012 revealed a solid fusion at C2 through T1. MRI imaging of the cervical spine on 05/21/2013 revealed complete relief of spinal compression.

The patient presented with ongoing neck pain as well as low back pain radiating into the leg and limiting the patient's walking to one-half mile. Treating physician expressed concern that the patient might have spondylolisthesis at L4-L5 and recommended treatment, including a cervical spine CT scan without contrast, cervical plain films, a lumbar CT scan without contrast, and a lumbar MRI without contrast, as well as plain films of the lumbar spine to the sacrum with bending views.

The initial reviewer recommended it was not medically necessary for CT scan of the cervical spine and a MRI of the lumbar spine, noting that there were no specific red flags or neurological changes identified.

IMR DECISION(S) AND RATIONALE(S)

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

1. CT scan of the cervical spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 303, which is part of the MTUS, and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) page 182, which is part of the MTUS.

The Physician Reviewer's decision rationale:
From review of the submitted records, this patient has had extensive surgical intervention and multiple prior imaging studies. It is not clear that there is a specific finding on current neurological examination to suggest an indication for further invasive treatment and it is not clear that the requested MRI of the cervical spine is likely to change the patient's diagnosis and treatment beyond the diagnostic studies which have already been performed. Therefore, request for CT of the cervical spine is not supported by the medical records and guidelines and is not medically necessary. **The request for CT scan of the cervical spine is not medically necessary and appropriate.**

2. MRI of the lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 303, which is part of the MTUS, and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 309, which is part of the MTUS.

The Physician Reviewer's decision rationale:
This patient has undergone extensive imaging studies previously. Patient reports symptoms of claudication but note there are no clear neurological deficits documented. Particularly given the patient's extensive past surgical intervention, it is not clear that an additional lumbar imaging study will likely change the patient's diagnosis or plan treatment. **The request for MRI of the lumbar spine 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.

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