

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/23/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/11/2013
Date of Injury:	8/13/2007
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003350

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

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 cervical spine is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **CT c-spine is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The 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 Occupational Medicine, has a subspecialty in at least five years of experience providing direct patient care 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 applicant, Ms. [REDACTED] is a represented [REDACTED] who has filed a claim for cumulative trauma to multiple body parts first claimed on August 13, 2007.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior C5-C6 anterior cervical discectomy and fusion; reportedly normal electrodiagnostic testing of July 7, 2010; unspecified amounts of physical therapy; and extensive periods of time off of work. The applicant has seemingly retired from work; it is suggested per prior note of March 27, 2012.

The most recent progress report of July 1, 2013 is notable for comments that the applicant is a former [REDACTED] manager. She was off of work for extensive periods of time, it is stated, and receives extensive therapy over the claim. She was given a 40% impairment rating. She reports persistent neck pain, which she is treating with TENS unit, medications, and home stretching exercises. The applicant reports that her pain is 8/10, exacerbated by turning and twisting. There is reportedly severe numbness, tingling, and weakness in the hands and fingers. The applicant exhibits diminished grip strength scored as 4/5 of multiple digits with a positive Spurling maneuver. Sensorium is well-preserved. Recommendations are made for the applicant to obtain an MRI and CT scan of the cervical spine to further evaluate her condition.

It is suggested that the applicant has had prior plain film studies, which demonstrated mild-to-moderate degenerative disk disease, multilevel, as well as changes consistent with the prior fusion.

### **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:

- Application for Independent Medical Review
- Utilization Review Determination
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request MRI cervical spine:**

##### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the California MTUS Guidelines, web-based edition, [http://www.dir.ca.gov.t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov.t8/ch4_5sb1a5_5_2.html), which is part of the MTUS.

The Expert Reviewer based his/her decision on the third edition American College of Occupational and Environmental Medicine Guidelines (ACOEM), 3<sup>rd</sup> Edition, Cervical and Thoracic Spine, Diagnostic Criteria, Diagnostic Investigations, Recommendations for MRI, which is not part of the MTUS, and the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8), table 8-8, Summary of Recommendations for Evaluating and Managing Neck and upper back complaints, page 181-183, which is part of the MTUS.

##### Rationale for the Decision:

The ACOEM Guidelines indicate that MRI imaging is recommended in those individuals with prior neck surgery with increasing neurologic symptoms. A review of the clinical records submitted indicates that the employee has ongoing issues with severe digital pain, numbness and tingling. The employee is several years removed from the date of injury and last surgical intervention. There is clear evidence in the records of neurologic compromise, both historically and on exam. **The request for an MRI of the cervical spine is medically necessary and appropriate.**

#### **2) Regarding the request for CT c-spine:**

##### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the California MTUS Guidelines, web-based edition, [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8), table 8-8, Summary of Recommendations for Evaluating and Managing Neck and upper back complaints, page 181-183, which is part of the MTUS.

Rationale for the Decision:

The ACOEM Guidelines indicate that an MRI and/or CT imaging can be used to validate diagnosis of neurologic compromise in preparation of invasive procedure. In this case, MRI imaging has been endorsed, above. It will be more appropriate to determine the outcome of the same before alternative studies such as CT imaging, are sort. It is further noted the American College of Radiology (ACR) Guidelines states that CT scan imaging without contrast in those individuals with a history of prior cervical spine surgery is scored 2 out of 9 in terms of appropriateness. **The request for CT C-Spine 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.