MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

[redacted]

IMR Case Number:	CM13-0005628	**Date of Injury:**	05/22/2013
Claims Number:	[redacted]	**UR Denial Date:**	07/15/2013
Priority:	Standard	**Application Received:**	07/31/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:	Please reference utilization review determination letter		

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: 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 and Rehabilitation 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:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator, employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient was born 09/02/1981. His underlying date of injury is 03/12/2013 with the additional history of accumulative trauma injury between 05/22/2012 and 05/22/2013. The treating diagnoses include cervical spondylosis, lumbar spondylosis, and thoracic disc displacement. On 07/03/2013, the treating physician noted that the patient had diffusely painful spinal motion with associated spasm and tenderness. Multiple reflexes were decreased. Sensation and strength were diffusely normal. Straight leg raising was positive bilaterally. The treating physician requested a 3-D MRI of the cervical spine, thoracic spine, and lumbar spine noted to investigate a suspected disc herniation and spondylosis due to neurological signs on examination.

On initial review, a request for 3-D imaging of the cervical, thoracic, and lumbar spine was non-certified, with the rationale that the neurological symptoms and exam did not support an indication for MRI imaging.

IMR DECISION(S) AND RATIONALE(S)

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

1. 3D MRI of the cervical spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 8- Neck and Upper Back Complaints, Special Studies and diagnostic and Treatment Considerations, which is part of MTUS, and on the Official Disability Guidelines, Neck and Upper Back, MRI, which is not part of MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 8, Neck, and Page 178; Chapter 12, Low back Back, and Page 303 which is part of MTUS and in addition, used

Vertinsky, A. Talia (2007) Cutting Edge Imaging of the Spine. Neuroimaging Clinic North America, volume 17: 117-136, which is not part of MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines, Chapter 12, Low Back, page 303, and ACOEM Guidelines, Chapter 8, Neck, page 178, offer similar advice regarding imaging selection for injuries in the cervical/thoracic or lumbar spine, noting, "If physiological evidence indicates tissue insult or nerve impairment, consider a discussion with the consultant regarding next steps, including the selection of an imaging test to define potential cause (MRI for neural or other soft injury, CT for bony structures)." The initial review in this case recommended non-certification because there was uncertainty regarding whether there was evidence of tissue insult or nerve impairment. That analysis is valid. Moreover, this particular request is not simply for an MRI of the spine but rather for a three-dimensional MRI of the spine. In that case, the recommendation to seek a radiology consult would be particularly pertinent. Three-dimensional imaging of the spine is not discussed in the California guidelines. A review by [redacted] (2007) does discuss 3-D imaging, noting, "A variety of innovative MRI methods have been developed to improve neural imaging. Nevertheless, the application of these new methods to the spinal cord is ….. still not used that frequently." In this context, the guidelines would anticipate that a radiologist's recommendation for specific indication for three-dimensional rather than conventional MRI imaging would be necessary to support the indication for such a study, particularly when such a study has been requested of the entire spine (cervical/thoracic/lumbar) and when the neurological basis to support MRI imaging is equivocal.

2. 3D MRI of the thoracic spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 12- Low Back Complaints, Special Studies and diagnostic and Treatment Considerations, which is part of MTUS, and on the Official Disability Guidelines, Low Back – Lumbar & Thoracic, MRIs which is not part of MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 8, Neck, and Page 178; Chapter 12, Low back Back, and Page 303, which is part of MTUS, and in addition, used Vertinsky, A. Talia (2007) Cutting Edge Imaging of the Spine. Neuroimaging Clinic North America, volume 17: 117-136, which is not part of MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines, Chapter 12, Low Back, page 303, and ACOEM Guidelines, Chapter 8, Neck, page 178, offer similar advice regarding imaging selection for injuries in the cervical/thoracic or lumbar spine, noting, "If physiological evidence indicates tissue insult or nerve impairment, consider a discussion with the consultant regarding next steps, including the selection of an imaging test to define potential cause (MRI for neural or other soft injury, CT for bony structures)." The initial review in this case recommended non-certification because there was uncertainty regarding whether there was evidence of tissue insult or nerve impairment. That analysis is valid. Moreover, this particular request is not simply for an MRI of the spine but rather for a three-dimensional MRI of the spine. In that case, the recommendation to seek a radiology consult would be particularly pertinent. Three-dimensional imaging of the spine is not discussed in the California guidelines. A review by [redacted] (2007) does discuss 3-D imaging, noting, "A variety of innovative MRI methods have been developed to improve neural imaging.

Nevertheless, the application of these new methods to the spinal cord is ….. still not used that frequently." In this context, the guidelines would anticipate that a radiologist's recommendation for specific indication for three-dimensional rather than conventional MRI imaging would be necessary to support the indication for such a study, particularly when such a study has been requested of the entire spine (cervical/thoracic/lumbar) and when the neurological basis to support MRI imaging is equivocal.

3. 3D MRI of the lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 12- Low Back Complaints, Special Studies and diagnostic and Treatment Considerations, which is part of MTUS, and on the Official Disability Guidelines, Low Back – Lumbar & Thoracic, MRIs which is not part of MTUS..

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 8, Neck, and Page 178; Chapter 12, Low back Back, and Page 303, which is part of MTUS, and in addition used, Vertinsky, A. Talia (2007) Cutting Edge Imaging of the Spine. Neuroimaging Clinic North America, volume 17: 117-136 which is not part of MTUS.

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