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

Notice of Independent Medical Review Determination

Dated: 11/7/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/18/2013
Date of Injury:	11/22/2010
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005633

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

2) MAXIMUS Federal Services, Inc. has determined the request for MRI bilateral shoulders **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for MRI bilateral knees **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for pain management consult for possible CESI **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/20/2013. 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 not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for MRI bilateral shoulders **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for MRI bilateral knees **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for pain management consult for possible CESI **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 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.

Expert Reviewer Case Summary:
This patient is a 58-year-old female with a reported date of injury of 11/22/2010. A review of the clinical documents submitted for review indicates that the patient sustained injuries to the left knee as well as injuries to the neck, upper back, and left shoulder. The notes also indicate the patient has a history of multiple industrial injuries on several separate occasions, and is status post knee surgery in September 2003 and an additional surgery in 1988. Currently, the patient has complaints of pain to the neck and upper as well as lower back region and pain to the bilateral knees and right ankle.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

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

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 Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) Table 8-7, which is 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) pages 177-179, which is part of the MTUS.

Rationale for the Decision:
The ACOEM criteria for imaging studies indicate that they may be recommended for findings of emergence of a red flag, physiologic evidence of tissue insult or neurological dysfunction, for failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. Further, guidelines indicate that unequivocal findings which identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. However, when the neurologic examination is less clear further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Per a prior peer review, findings on the 5/23/2013 visit included subjective complaints of constant neck pain radiating to the upper extremities with numbness and tingling and a feeling of pins and needles sensations in the arm, left knee pain greater than right. Physical examination of the cervical spine revealed tenderness of the paravertebral muscles and upper trapezius with axial loading and compression test and Spurling's maneuver being positive. However, the records provided for review lack evidence of any further progression of the employee's symptoms to warrant cervical MRI. **The request for MRI cervical spine is not medically necessary and appropriate.**

2) **Regarding the request for MRI bilateral shoulders:**

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 Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pages 207-209, which is part of the MTUS.

Rationale for the Decision:
The ACOEM guidelines include specific indications for imaging of the shoulder. The documentation submitted for review noted on 5/23/2013 evaluation that the employee was recommended to undergo MRI of the bilateral shoulders. Also noted was evidence in the right shoulder of tenderness around the glenohumeral region and subacromial space with a positive Hawkins impingement sign.

However, there were no signs of instability. Further, evaluation of the employee on 1/24/2013 noted identical findings on physical examination. Therefore, the employee has a long standing history of shoulder complaints. However, there are no progressive findings on examination to indicate a need for further evaluation of the shoulder, such as clarification of the anatomy prior to surgery. **The request for MRI bilateral shoulders is not medically necessary and appropriate.**

3) **Regarding the request for MRI bilateral knees:**

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 Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) Algorithms 13-1 and 13-3, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pages 341-343, which is part of the MTUS, and the Official Disability Guidelines, Knee and Leg Chapter, Radiography, which is not part of the MTUS.

Rationale for the Decision:
The ACOEM guidelines indicate that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Additionally, imaging may be warranted in non-traumatic knee pain if patellofemoral symptoms are present. The documentation submitted for review indicates the employee has evidence on physical examination of positive patellar compression tests as well as tenderness along the left knee joint line. However, the records submitted for review fail to detail objective clinical findings regarding the right knee. Also, the notes indicate that the employee is currently recommended to undergo total knee arthroplasty. Overall, there is a lack of documentation of the specific rationale for the requested diagnostic procedure. **The request for MRI bilateral knees is not medically necessary and appropriate.**

4) **Regarding the request for pain management consult for possible CESI:**

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 Independent Medical Examinations and Consultations regarding Referrals Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Independent Medical Examinations and Consultations regarding Referrals Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127, which is not part of the MTUS.

Rationale for the Decision:
The ACOEM guidelines indicate that an occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The records provided for review dated 5/23/2013 note the employee was recommended for a referral to a pain management specialist for possible treatment with cervical epidural steroid injections (CESI). However, the records do not include evidence of the need for an additional consultation following approval in March 2013 for a referral. **The request for pain management consult for possible CESI 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,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th 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.