
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

December 20, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 1/25/2013
IMR Application Received: 8/8/2013
MAXIMUS Case Number: CM13-0008500

Dear Mr./Ms. [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 Orthopaedic Surgery, has a subspecialty in Spinal 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 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:

43 year old female with date of injury 1/25/13. Exam not 6/19/13 demonstrates right Fabert test positive. Normal neurologic examination. Report of diffuse thoracic and lumbar spine tenderness to palpation. EMG/NCS of upper and lower extremities demonstrate mild bilateral median sensory neuropathy at the wrist and normal bilateral lower extremities nerve conduction studies. 9/6/13 MRI right hip normal. 9/6/13 MRI thoracic spine normal.

IMR DECISION(S) AND RATIONALE(S)

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

1. MRI of the right hip, without contrast is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Hip and Pelvis Chapter, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Per the Official Disability Guidelines, Hip and Pelvis Chapter the following are recommendations for MRI of the hip: Indications for imaging -- Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, and Tumors. In this case there is insufficient evidence of medical necessity for any of the above clinical scenarios. Therefore, the determination is for non-certification of the MRI of the hip. **The request for MRI of the right hip, without contrast is not medically necessary and appropriate.**

2. MRI of the thoracic, without contrast is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back Complaints, Chapter 8, pgs. 177-178, which is part of the MTUS.

The Physician Reviewer's decision rationale:

There is no evidence in the clinical scenario and records of red flag conditions such as neurologic dysfunction or neurologic deficit to warrant an MRI of the thoracic spine. Per the ACOEM Guidelines, Chapter 8 (Neck and Upper Back Complaints) (2004), pg 177-8: "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out.

Criteria for ordering imaging studies are:

- Emergence of a red flag
- Physiologic evidence of tissue insult or neurologic dysfunction
- Failure to progress in a strengthening program intended to avoid surgery
- Clarification of the anatomy prior to an invasive procedure

The request for MRI of the thoracic, without contrast is not medically necessary and appropriate.

/ldh

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.

[REDACTED]

CM13-0008500