
Independent Medical Review Final Determination Letter

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

Dated: 12/31/2013

IMR Case Number:	CM13-0025437	Date of Injury:	07/20/2002
Claims Number:	[REDACTED]	UR Denial Date:	08/30/2013
Priority:	STANDARD	Application Received:	09/17/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
MRI C/S/ NON-CERTIFICATION BY PEER			

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]
[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 Orthopedic 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:

This is a 47-year-old gentleman injured in a work-related accident on 7/20/02 sustaining injuries to the cervical spine, thoracic spine, and low back. Specific to his cervical spine, recent clinical reports include a 6/3/13 assessment with [REDACTED] M.D. where he was with complaints of thoracic pain, cervical pain, and left periscapular pain—all noted to be unchanged. At that time, it stated that he had been utilizing medication management with objective findings showing cervical tenderness to palpation, 60° of flexion, 50° of extension, and tenderness noted to the thoracic spine with diminished T7 and T8 dermatomal distribution to palpation. The diagnosis was that of cervical pain with left greater than right upper extremity symptoms. Neurologic findings to the upper extremities, however, were not documented. The request at that time was for epidural steroid injections at the T7-8 level, home exercises, medication management, and request for an MRI of the cervical spine for further diagnostic purposes. Prior formal imaging to the cervical spine is not documented in this case. Previous review of records indicate that a prior 2009 MRI of the thoracic spine demonstrated a bulge at T8-9 and a compression deformity at T9-10 that was noted to be “unchanged.”

IMR DECISION(S) AND RATIONALE(S)

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

- 1. MRI C/S is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Chapter 8, pages 181-183, table 8-8, which is 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) pg 165, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on California ACOEM Guidelines, cervical MRI would not be supported. Guidelines indicate the need for imaging in cases where there is evidence of red flags or physiologic evidence of neurologic deficit. At this stage in the claimant's chronic course of care, physical examination demonstrated tenderness to the cervical spine with no documentation of neurologic abnormalities on examination. The absence of significant change in physical examination findings would fail to support a medical necessity for an MRI scan at this chronic stage in the clinical course of care. The specific request would not be supported at present. The request for MRI C/S 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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