

Case Number:	CM13-0047055		
Date Assigned:	12/27/2013	Date of Injury:	06/13/2012
Decision Date:	03/31/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This patient reported a date of injury of 06/13/12. The mechanism of injury was an automobile accident. A progress report included by [REDACTED], dated 09/24/13, identified subjective complaints of headaches, dizziness and neck pain. Objective findings included tenderness to palpation about the cervical spine and scalp. She had decreased range-of-motion of the cervical spine. A comprehensive neurological exam was normal. Diagnoses include posttraumatic head injury with dizziness and mild post-concussion syndrome, improved; cervical sprain and disc protrusion with cervicogenic headaches. The dizziness is attributed primarily to the cervicogenic myofascial pain. Treatment has included two separate rounds of physical therapy visits that included twelve visits as of 02/03/13 and some additional visits (5-6) around 04/16/13. This was reported as the original physical therapy notes were not included. She also takes a muscle relaxant and an NSAID (non-steroidal anti-inflammatory drug). A Utilization Review determination was rendered on 10/18/13 recommending non-certification of "MRI of the brain; Physical therapy two times per week for four weeks; ergonomic evaluation".

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, MRI

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address the recommendation of an MRI. The Official Disability Guidelines (ODG) lists the following indications for magnetic resonance imaging of the head: - To determine neurological deficits not explained by CT - To evaluate prolonged interval of disturbed consciousness - To evaluate evidence of acute changes super-imposed on previous trauma or disease In this case, the record does not document neurologic symptoms not otherwise explained, and there have been no acute changes. Therefore, there is no documentation for the medical necessity of an MRI of the brain.

physical therapy 2 x per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. In this case, the patient has received what appears to be at least 17 visits over at least 10 weeks. Likewise, there is limited documentation for the home therapy component of this approach. Therefore, the record does not document the necessity for additional physical therapy.

Ergonomic evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Ergonomics.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address ergonomics specifically. They do mention that activities that cause an increase in stress on the neck should be reviewed with the patient and modifications advised. The Official Disability Guidelines (ODG) address ergonomics specifically and state: "Under study. There is no good-quality evidence on the effectiveness of ergonomics or modification of risk factors." Therefore, there is insufficient evidence for recommendation of an ergonomic evaluation in this case.