

Case Number:	CM13-0062104		
Date Assigned:	12/30/2013	Date of Injury:	05/15/2013
Decision Date:	04/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 expert 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:

The patient is a 34-year-old male who reported an injury on 05/15/2013. The injury was noted to have occurred when the patient was struck in the head by a heavy object. He was diagnosed with cervical spine sprain/strain with radiculitis, head contusion, lumbar spine sprain/strain, and thoracic myofasciitis. His symptoms were noted to include headaches and neck pain. It was noted that the patient was participating in physical therapy and acupuncture and reported benefit. His physical exam findings related to the cervical spine were noted to include tenderness over the paraspinal muscles, trapezius, and parascapular muscles bilaterally, as well as 3+ tenderness to palpation over the cervical spinal process from C4-7, and a cervical compression test was positive bilaterally. Request was made for a cervical spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI: 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): Indications for imaging--MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to ACOEM Guidelines, the criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. It further states that unequivocal findings identifying neurologic compromise are sufficient evidence to warrant imaging studies if symptoms persist. The clinical information submitted for review indicates that the patient has persistent cervical spine pain. It was noted that he was receiving benefit from his conservative treatment. His physical exam findings failed to show any evidence of neurological deficits. The documentation did not include evidence that the patient's physical therapy was being provided in an attempt to avoid surgery or that there was a plan for an invasive procedure. The documentation also did not indicate that there were any red flag conditions related to the cervical spine. Therefore, in the absence of neurologic dysfunction or other indication for imaging studies, the request is not supported.