

Case Number:	CM13-0067617		
Date Assigned:	01/03/2014	Date of Injury:	10/17/2012
Decision Date:	07/03/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 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 injured worker is a 48-year-old male with a reported date of injury on 10/17/2012. The injury reportedly occurred when the injured worker fell 25 feet down an open elevator shaft. The injured worker presented with complaints in the right greater occipital nerve, electrical pain which is intermittent, severe, and shock like that occurred frequently throughout the day. The injured worker rated his pain at 6/10. The clinical documentation revealed the worker underwent a right hemicraniotomy on 10/17/2012. An MRI of the cervical spine on 10/18/2012 revealed abnormalities of the cervical spine. An MRI of the face on 12/02/2013 revealed mild asymmetry with mild subtle prominence of the subcutaneous fat in the right cheek, consistent with postsurgical change. The physical examination of the injured worker's cervical spine revealed cervical facet tenderness at C2, C3, C4, and C5. All upper limb reflexes were reported as equal and symmetric. Motor examination was grossly normal for bilateral upper extremities. Within the clinical note dated 11/04/2013, the injured worker stated he suffered from dizziness, memory loss, and forgetfulness. The clinical note also indicated that the injured worker underwent physical therapy, speech therapy, and occupational therapy, the results of which were not provided within the documentation available for review. The injured worker's diagnoses craniotomy and craniectomy, unspecified intracranial injury, subdural hemorrhage, subarachnoid hemorrhage, and open skull fracture with intracranial hemorrhage. The injured worker's medication regimen included Cymbalta and Duexis. The Request for Authorization of an MRI of the cervical spine was submitted on 12/18/2013. According to the clinical note dated 11/04/2013, the physician indicated that he was requesting an MRI of the cervical spine due to reports of parathesia in the upper extremities, headaches in an occipital to frontal distribution that may be facetogenic.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to the California ACOEM guidelines, most patient's presenting with true neck or upper back problems, do not need special studies unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include: physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The documentation provided for review lacks objective clinical findings of functional deficits, to include the injured worker's range of motion. There is a lack of documentation related to the injured worker's neurological change since the previous MRI in 2012. The rationale for the request was not submitted within the documentation available for review. Therefore, the request for an MRI of the cervical spine is not medically necessary.