

Case Number:	CM14-0101147		
Date Assigned:	07/30/2014	Date of Injury:	09/20/1996
Decision Date:	10/27/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 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 injured worker is a 47 year old male who sustained an injury to his neck on 09/20/96. The clinical note dated 06/02/14 reported that the injured worker has been followed for headaches and back pain related to his on the job injury in 1996. Headaches related to a respiratory arrest and resuscitation following one of his surgeries replacing a spinal cord stimulator worsened his pain. The injured worker treats his severe headaches with trips to the emergency room for Ketorolac injections. The injured worker has tried Excedrin migraine, Imitrex, Ketorolac, Botox twice, dry needling, and various other prophylactic treatments that have not been very effective. He has tried elimination diets (eliminating caffeine and soda) in the past that he reports did not help his migraines. Triggers for his migraines are cold air, lights, smells (Windex, chemical smells). He feels that Norco, Flector patches, and nasal Ketorolac somewhat helpful when he feels it is coming on, but does not prevent them. Physical examination noted slight forward flexion of the head and slight straightening of the cervical lordosis; flexion 90% of expected, extension 80%, right lateral rotation 50%, left lateral rotation 60%, bilateral lateral flexion 80% of expected range of motion. Pain with flexion, extension, left lateral rotation; paravertebral and trapezius musculature very taut and tender; point tenderness throughout the lower cervical spine and top of the thoracic spine. There were no imaging studies provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines neck and Upper Back (updated 5/30/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI)

Decision rationale: The request for MRI of the cervical spine is not medically necessary. There was no report of a new acute injury or exacerbation of previous symptoms since the 1996 date of injury. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified. Given this, the request for MRI of the cervical spine is not indicated as medically necessary.