

Case Number:	CM14-0015150		
Date Assigned:	02/28/2014	Date of Injury:	12/12/2013
Decision Date:	06/27/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/06/2014

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 Family Medicine 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 50-year-old female who sustained an injury to her head on 12/12/13 after being involved in a motor vehicle accident. A progress report dated 12/26/13 noted that the injured worker complained of persistent neck pain. Treatment to date has included physical therapy and management with medications. The injured worker was diagnosed with a neck sprain, shoulder/arm sprain and thoracic sprain. The injured worker was discharged to temporary disability with follow-up visit on 01/02/14. Requests for MRIs of the head and neck were made on 01/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE HEAD: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for MRI of the head is not medically necessary. The previous request was denied on the basis that the information submitted did not document any of the

required criteria per guideline recommendations. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no findings on physical examination 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 the clinical documentation submitted for review, medical necessity of the request for MRI of the head has not been established. Recommend non-certification.

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 MTUS: ACOEM, ,

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. The previous request was denied on the basis that the information submitted did not document any of the required criteria per guideline recommendations. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no findings on physical examination 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 the clinical documentation submitted for review, medical necessity of the request for MRI of the cervical spine has not been established. Recommend non-certification.