

Case Number:	CM14-0111395		
Date Assigned:	08/01/2014	Date of Injury:	03/13/2001
Decision Date:	09/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/15/2014

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 Illinois. 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 49-year-old female who reported an injury on 03/13/2001. The mechanism of injury was not provided. MRI of the cervical performed on 08/16/2010 noted degenerative disk disease with minimal C5-C6 disc protrusion. On 06/05/2014, the injured worker presented with intermittent loss of hearing in the right ear. Upon examination, the injured worker was alert and oriented x 3 with no evidence of cognitive slowing. Examination of the cervical spine noted complaints of pain at extremes of motion and trigger points palpated in the cervical paraspinal muscles and trapezius muscles. Upper extremity strength was 5/5 for all muscle groups tested and sensory examination was within normal limits for the upper extremities. The diagnoses were cervical dystonia/neuralgia, muscle spasm/myofascial pain, cervical sprain/strain, and chronic pain syndrome. Prior treatment included onabotulinum toxin injections neurological deficit medications. The provider recommended an MRI of the cervical and an MRI of the head; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents 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 Chapter.

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

Decision rationale: The request for an MRI of the cervical is not medically necessary. The California MTUS/ACOEM state that for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4-week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided any red flag conditions are ruled out. The criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The injured worker is 13 years post injury. There is a lack of evidence of any progressively changing neurological deficits. As such, the request is not medically necessary.

MRI of the Head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter.

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 request for an MRI of the head is not medically necessary. The Official Disability Guidelines state that an MRI is a well-established brain imaging study in which the individual is positioned in a magnetic field and radiofrequency pulse is applied. Indications for magnetic resonance imaging include determining neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes superimposed on previous trauma or disease. The included medical documentation lacked evidence of objective focal neurologic deficits that have been identified as progressively changing. As such, medical necessity has not been established.