

Case Number:	CM14-0138897		
Date Assigned:	09/05/2014	Date of Injury:	05/10/2011
Decision Date:	10/02/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/27/2014

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 Occupational 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:

Injured worker is a male with date of injury 5/10/2011. Per neurology clinical note dated 6/23/2014, the injured worker was hit in the head with a 5 gallon pain can and sustained a hyperextension injury. He had an orbital fracture that was repaired. He has been unable to return to work and has had multiple issues including chronic neck pain, radicular pain, delayed memory issues, spasms, persistent headaches, and a suicide attempt last fall due to the severity of his pain. On examination sensation to light touch and pinprick is decreased in right C5 and C6 dermatomes. Cervical spine has full range of motion. There is mild tenderness to palpation midline through upper cervical musculature. Spurling's is negative bilaterally. He has full strength C5-T1 bilaterally. Reflexes are 2+ bilaterally at biceps, triceps and brachioradialis. Hoffman's and Palmomental are negative bilaterally. Carpal tunnel tests are negative bilaterally. Cognitively he is very articulate with slight cognitive delay with responses, and obviously very intelligent at baseline. He is oriented x4, and memory 3 of 3 at one minute and 3 of 3 at 5 minutes with no hints or cueing needed. He has mild distractibility on exam. There are significant balance issues with tandem and one leg stance. Romberg is positive. Diagnoses include 1) cervicgia 2) myofascial muscle pain 2) balance disturbance due to old head injury 3) depression due to head injury 4) cervical radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met, such as emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. An MRI had been done previously, which the requesting physician has not yet reviewed. There is no indication that the injured worker had had a significant change clinically or has failed conservative treatment and is a surgical candidate. A repeat MRI is not likely to provide a benefit for the injured worker in his present condition and treatment plan at this time. The request for MRI of Cervical Spine without contrast is determined to not be medically necessary.