MAXIMUS Federal Services

Case Number:	CM14-0156643		
Date Assigned:	09/26/2014	Date of Injury:	07/05/2014
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/24/2014

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 Chiropractic 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 employee was a 22 year old male who sustained an industrial injury on 07/05/14. The mechanism of injury was slipping and falling on the ground from a trailer landing on the back and injuring the back and head. The evaluation and treatment included Soma, Ibuprofen, Physical therapy. The progress notes from 07/18/14 was reviewed. The diagnoses included head contusion, cervical strain and thoracolumbar strain. Subjective symptoms included low back pain that was constant, sharp and moderate to severe and constant headache and neck pain. Examination findings included tenderness over cervical paraspinal muscles and tenderness over trapezius. Deep tendon reflexes were normal with normal neurological examination. The plan of care was to continue current medications. A request was sent for MRI of cervical spine and head. The initial visit notes from 07/23/14 was reviewed. Subjective symptoms included neck pain at 6/10 and low back pain at 8/10. Examination was positive for cervical distraction test, shoulder depression test and positive foraminal compression test. There was moderate tenderness with palpation of the cervical spine paraspinals and suboccipitals bilaterally and decreased cervical flexion at 35/55 degrees, extension at 25/45 degrees. Spurling's test was negative. Deep tendon reflexes were +2/4 bilaterally. Muscle strength was 5/5 in upper extremities. The examination was also positive for positive straight leg raising test on right, positive Kemp's test on right and Scheppelman's test positive bilaterally. Diagnoses included cervical spine strain/strain with underlying myofascial pain syndrome, lumbar spine strain/sprain and anxiety/depression.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-180.

Decision rationale: The employee was a 22 year old male who sustained an industrial injury on 07/05/14. Subjective symptoms included neck pain at 6/10 and low back pain at 8/10. Examination was positive for cervical distraction test, shoulder depression test and positive foraminal compression test. There was moderate tenderness with palpation of the cervical spine paraspinals and suboccipitals bilaterally and decreased cervical flexion at 35/55 degrees, extension at 25/45 degrees. Spurling's test was negative. Deep tendon reflexes were +2/4 bilaterally. Muscle strength was 5/5 in upper extremities. The examination was also positive for positive straight leg raising test on right, positive Kemp's test on right and Scheppelman's test positive bilaterally. Diagnoses included cervical spine strain/strain with underlying myofascial pain syndrome, lumbar spine strain/sprain and anxiety/depression. A request was sent for MRI of cervical spine and head.ACOEM guidelines recommend ordering imaging studies for red flags that would include unequivocal findings which would identify specific nerve compromise on neurologic examination if symptoms persist. The employee had negative Spurling's test, normal neurological examination and normal deep tendon reflexes. Since there are no unequivocal findings that identify specific nerve compromise on the neurologic examination, the request for MRI of the cervical spine is not medically necessary and appropriate.