MAXIMUS Federal Services

Case Number:	CM14-0021265		
Date Assigned:	05/07/2014	Date of Injury:	04/06/2013
Decision Date:	07/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 Internal 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 patient is a 38 year old male who was injured on 04/06/2013while he was walking under co-workers who were working tossing boxes to each other, when one missed a thrown box and it fell hitting the patient on the head. Prior treatment history has included medications to be Norco and Ambien. Diagnostic studies reviewed include MRI of the cervical spine dated 06/27/2013revealing the following: 1) C3-C4, moderate left neural foramina narrowing. 2) C5-C6, mild bilateral neural foramina narrowing.3) C6-C7, mild effacement of anterior thecal sac. 4) Otherwise unremarkable cervical MRI. NO canal stenosis or nerve impingement. Progress note dated 08/10/2013 documented the patient with complaints of neck pain described as sharp and intermittent. The pain radiates into the bilateral upper extremities. The severity of the pain is a 5/10. Pain is aggravated by looking up, looking down, and side to side as well as repetitive motion of the head and neck. The pain is alleviated with rest, medications and activity avoidance. The patient is currently taking Norco and Ambien. Objective findings on examination of the cervical spine reveal normal lordosis. There is tenderness to palpation associated with muscle spasms over the paracervical muscles, trapezius muscles and over the spinous processes C3, C4, C5, C6 and C7. Soto-Hall test was positive bilaterally. Sensation to pinprick and light touch intact in the bilateral upper extremities. Range of motion of the cervical spine right flexion 40 degrees, left flexion 40 degrees, right rotation 70 degrees. Diagnoses:1.Cervical spine strain/sprain2.Rule out cervical radiculopathyPR-2 dated 0/07/2014 documented the patient with complaints of frequent severe achy, sharp neck pain. Objective findings on examination of the cervical spine reveal extension 60/60, flexion 50/50, left lateral rotation 40/45, left rotation 75/80, right lateral bending 40/45 and right rotation 40/80. There is 3+ tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles. Spurling's causes pain. Treatment Plan: Magnetic Resonance Imaging (MRI) of the cervical spine. Utilization Review report dated

02/05/2014 denied the request for an MRI of the cervical spine because there are no documented findings whatsoever in the limited examinations documented that would have required thoracic and lumbar MRI scans in the setting of a minor, now distant trauma to the head and neck with resulting sprain. There are no findings that would require a cervical MRI scan in the setting of a minor now distant trauma to the head and neck with sprain.

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 12 Low Back Complaints,Chronic Pain Treatment Guidelines MAGNETIC RESONANCE IMAGING.

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

Decision rationale: As per California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) guidelines, "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." The Official Disability Guidelines (ODG) Guidelines do not routinely recommend repeat cervical MRIs and should be reserved for a significant worsening in symptoms and/or findings suggestive of concerning pathology such as infection, tumor, fracture, spinal cord compression, etc... The clinical documents do not provide detailed explanation of concerning subjective change in symptoms and state the patient complained of achy, sharp pain without further details. A limited physical exam was documented and did not demonstrate a significant change over the previous several months or any red flags to warrant repeat MRI. There was a lack of discussion of conservative therapies tried thus far and if any response was had to such treatments. Some of the documents provided were illegible. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.