

Case Number:	CM14-0026273		
Date Assigned:	06/13/2014	Date of Injury:	05/08/2013
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/03/2014

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 & Rehabilitation 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 58 year old female who was injured on 05/18/2013. She was injured when she was loading material onto a loader. She was on a ramp seven feet above the ground and lost her balance and hit the right side of her forehead on the ground. She was jerked backward and hit the back of her head with neck pain. Prior treatment history has included acupuncture. Progress report dated 02/03/2014 stated the patient complained of right sided headache and facial pain/numbness that is persistent. She has constant tinnitus, bilateral neck pain. Her right shoulder pain persist with reaching motions and when she reaches overhead. Objective findings on exam revealed range of motion of the right shoulder was limited with pain and flexion and extension. There was a positive impingement sign in the right shoulder. The cervical spine compression produced neck pain. Straight leg raise test was negative. Sensation and motor strength were intact in the upper and lower extremities. Diagnoses are neck sprain/strain, thoracic sprain/strain, and lumbar sprain/strain. In this report, they requested an MRI of the cervical spine with a neurological consultation. Neuro consult dated 10/21/2013 reported the patient was recommended for a referral to a dentist to address temporal mandibular joint issues. The patient was given pain medications and recommended for chiropractic therapy. Prior utilization review dated 02/11/2014 states the request for a MRI of the cervical spine is denied as criteria has not been met and the request for neurology follow-up is pending chiropractic results.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: 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: As per ACOEM guidelines, MRI is recommended for unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Cervical MRI is recommended for diagnosis of cervicalgia. The medical records document patient has neck pain without any clear neurological deficit, radicular pain, nor failure to respond to conservative treatment. Further, the documents show that there is unclear data from a preliminary test such as an x-ray. Based on the ACOEM guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

FOLLOW UP WITH NEUROLOGIST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, Page 503.

Decision rationale: The ACOEM recommends follow up with a neurologist to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The medical records document that the patient is pending response to further conservative treatment such as acupuncture. The medical records document patient has neck pain without any clear neurological deficit, radicular pain, nor failure to respond to conservative treatment. Further, the documents show that the patient has not been released to modified, increased, or full duty activity. Based on the ACOEM guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.