

Case Number:	CM14-0027891		
Date Assigned:	06/16/2014	Date of Injury:	03/30/2013
Decision Date:	07/17/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/05/2014

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 33-year-old female who reported an injury to her head from a falling ladder on 03/30/2013. In the clinical notes dated 04/01/2013, the injured worker complained of head and right neck pain for 2 days. The injured worker also annotated her pain at 3/10. Prior treatments included physical therapy, chiropractic therapy, and prescribed medications. The injured worker's prescribed medication regimen included etodolac ER 500 mg #15. The physical examination of the cervical spine revealed muscle tenderness to the right trapezius, negative cervical compression test, and negative cervical distraction test. The range of motion of the neck was unrestricted with no evidence of muscle weakness in the paracervical musculature. The diagnoses included blunt head trauma, sprain/strain of the cervical spine, cervicgia, and contusion. The treatment plan included continuation of prescribed medications, Polar Frost 150 mL/5 ounce gel tube, heat/moist heat pad, and request for cervical spine, 5 views. It was noted the injured worker was to return to work without restrictions. The request for authorization for MRI of the cervical spine was submitted on 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C/MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG Guidelines, Cervical Spine.

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

Decision rationale: The request for C/MRI is not medically necessary. The California MTUS/ACOEM Guidelines state that special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Primary criteria for ordering imaging studies are emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), physiologic evidence of tissue insult or neurovascular dysfunction; failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. In the clinical notes provided for review, there is a lack of documentation of the physical examination providing evidence of the injured worker having deficits of neurological or functional status to warrant the request of an MRI. It is also annotated that the injured worker reported to have the signs and symptoms for only 2 days with no evidence of re-injury. Therefore, the request for C/MRI is not medically necessary.