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| Case Number: | CM14-0035078 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 11/26/2013 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 02/21/2014 |
| Priority: | Standard | Application Received: | 03/21/2014 |

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:

The claimant was injured on 11/26/13. He continues to complain of neck pain. On 02/10/14, he stated it was rated 7/10 and was constant. It would occasionally spike and cause headaches. His motion was restricted. He had trouble sleeping. He had tenderness but reflexes were present. His right triceps strength was 4/5. He was diagnosed with a cervical strain. On 01/16/14, he stated that he was in the bed of a truck and the driver stopped suddenly causing him to fall off the bed and hit his head, back, and neck. He has had physical therapy and acupuncture sessions with mild improvement. X-rays of the cervical spine showed good alignment. There was no electrodiagnostic documentation of nerve dysfunction. On 12/04/13, he had pain in his neck that was moderately severe but intermittent. His pain was dull and aggravated by motion and lessened by rest. There was no evidence of muscle weakness in the cervical region. Sensation was intact and there was no weakness of the upper extremities. Reflexes were intact and symmetric. He saw [REDACTED] for an initial orthopedic evaluation. He had made some progress over the last few weeks but still had dull throbbing pain in his neck and back. It was rated 7/10 and was worse with activity. He had physical therapy and chiropractic sessions and was taking medication for pain. He also reported that he was not currently taking any medications. Physical examination of the cervical spine revealed decreased range of motion. He had no complaints of pain during the maneuvers and no evidence of radiating pain. He had negative Spurling's and sensation was intact. Motor and reflexes were intact. He was diagnosed with a cervical 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 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: The history and documentation do not objectively support the request for an MRI of the cervical spine at this time. The ACOEM Guidelines on Special Studies for the Neck and Upper Back state Criteria for ordering imaging studies are: -Emergence of a red flag - Physiologic evidence of tissue insult or neurologic dysfunction -Failure to progress in a strengthening program intended to avoid surgery -Clarification of the anatomy prior to an invasive procedure Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is no evidence of failure of all reasonable conservative care, including an exercise program, local modalities, and the judicious use of medications. The claimant attended physical therapy but the outcome, including whether or not he received any benefit from it, has not been described. There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. Therefore, the request is not medically necessary.