

Case Number:	CM14-0039637		
Date Assigned:	08/06/2014	Date of Injury:	11/26/2012
Decision Date:	09/23/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/03/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 42-year-old female who reported an injury on 11/26/2012. The mechanism of injury was not specifically stated. The current diagnoses include headache, sprain/strain of the cervical spine, right ear pain, and status post blunt trauma to the face. The injured worker was evaluated 05/01/2014 with complaints of musculoskeletal pain of the head, neck, right ear, and right cheek. Previous conservative treatment is noted to include medication management and chiropractic therapy. The current medication regimen includes Ibuprofen 600mg and Omeprazole. Physical examination on that date revealed occipital tenderness, right jaw/cheek tenderness, moderate distress, cervical spine tenderness and stiffness, and painful range of motion of the cervical spine. Treatment recommendations at that time included an MRI of the cervical spine and a neurological consultation. A Request for Authorization was then submitted on 05/01/2014 for an MRI of the cervical spine, a neurologist consultation, and orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, CT (computed tomography).

Decision rationale: The Official Disability Guidelines state CT scans are recommended for abnormal mental status, focal neurologic deficits, or acute seizures and should also be considered in certain situations to include signs of basal or skull fracture, physical evidence of trauma above the clavicles, acute traumatic seizure, age greater than 60, an interval of disturbed consciousness, pre or postevent amnesia, drug or alcohol intoxication, and a recent history of TBI. The injured worker does not meet any of the above mentioned criteria for a CT scan of the head. The medical necessity has not been established. There is no specific body part listed in the current request. As such, the request is not medically necessary.

MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of observation and care fails to improve symptoms. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the cervical spine. There is no evidence of any red flags for serious spinal pathology. The medical necessity has not been established. There is also no specific body part listed in the current request. Therefore, the request is not medically necessary.

X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of observation and care fails to improve symptoms. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the cervical spine. There is no evidence of any red flags for serious spinal pathology. The medical necessity has not been established. There is also no specific body part listed in the current request. Therefore, the request is not medically necessary.