

Case Number:	CM14-0042401		
Date Assigned:	06/30/2014	Date of Injury:	05/09/2004
Decision Date:	09/16/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/09/2014

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 Neurology, and is licensed to practice in Texas, Ohio, and Massachusetts. 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 35-year-old male who reported injury on 05/09/2004. The mechanism of injury was the injured worker was pulling a pallet in the freezer and he slipped and fell causing injury to his head, right shoulder, left knee, left hand, cervical spine and lumbar spine. The diagnostic studies were noted to include a prior MRI of the cervical spine and a prior MRI of the head. Other therapies and medications were not provided. The surgical history was not provided. The documentation of 02/25/2014 revealed the injured worker had significant pain in the neck and low back. The physical examination revealed the cranial nerve and examination was normal and the mental status was normal. The motor examination and reflexes were normal. The sensation examination was noted to be unchanged and the injured worker had spasms diffusely of the cervical spine. The treatment plan included nerve impingement syndrome and worsening post concussion syndrome. As such, the request was made for a repeat MRI of the head and cervical spine to "see objectively what is going on." The documentation of 01/07/2014 revealed the injured worker had diminished touch in a right C5, C6 and C7 distribution. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine, QTY: 1: 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 Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate that repeat MRIs are appropriate if there is documentation of a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the patient had previously undergone an MRI of the cervical spine. Those results were not provided for review. There was a lack of documentation indicating the injured worker had a significant change in signs and symptoms and/or had significant findings suggestive of a significant pathology. Given the above, the request for MRI (magnetic resonance imaging) of the cervical spine quantity 1 is not medically necessary.

MRI (Magnetic Resonance Imaging) of the head, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, MRI (Magnetic Resonance Imaging) Indications for Magnetic Resonance Imaging.

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, MRI.

Decision rationale: The Official Disability Guidelines indicate that an MRI is appropriate to determine neurologic deficits not explained by CT, to evaluate prolonged intervals of disturbed consciousness or to define acute changes superimposed or on previous trauma or disease. The clinical documentation submitted for review indicated the injured worker had previously undergone an MRI. The results were not provided. There was a lack of documentation indicating the injured worker met the above criteria for an MRI. There was a lack of documentation of significant change in signs, symptoms or objective findings. Given the above, the request for MRI (magnetic resonance imaging) of the head quantity1 is not medically necessary.