

Case Number:	CM14-0051955		
Date Assigned:	07/09/2014	Date of Injury:	06/27/2012
Decision Date:	08/26/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 49-year-old male who reported an injury on 06/27/2012. The mechanism of injury was head trauma. His diagnoses included intracranial injury, post traumatic headaches, personality change, and sleep apnea. His past treatment included medications and osteopathic manipulation. The injured worker had an x-ray of the cervical spine on 12/06/2013 that revealed mild degenerative spurring in the cervical spine. The injured worker's medications included Restoril and Celexa. The injured worker had complaints of chronic neck pain and post traumatic headaches. The injured worker also reported he had been having popping in his neck with increased stiffness. On physical examination, the physician reported the injured worker's deep tendon reflexes were 1+ for biceps, triceps, and brachioradialis. The physician also reported there were tremors in the bilateral upper extremities. He reported the Hoffman and Lhermitte's tests were negative. On examination of the cervical spine, the physician reported he had decreased range of motion with extension and flexion. The physician's treatment recommendation was to have the injured worker followup for physical medicine rehabilitation, primarily for evaluation for the osteopathic evaluation primarily for manipulation. The physician also requested an MRI of the cervical spine to further evaluate for possible myelopathy. The Request for Authorization form was provided on 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that special studies and diagnostic treatments are for more patients with presenting with true neck or upper back problems; special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. The clinical documentation provided indicated the injured worker continued to have complaints of chronic neck pain and popping with increased stiffness. The clinical note also had a recommendation for an evaluation for physical medicine rehabilitation at the appointment. However, the documentation did not clearly indicate whether the injured worker had previous physical therapy. Additionally, there was no evidence of neurological deficits on physical exam. Therefore, as the documentation provided is unclear if the injured worker had completed at least 3 to 4 weeks of conservative care and in the absence of neurological deficits, the request is not supported. As such, the request for a cervical MRI is non-certified.