

<b>Case Number:</b>	CM14-0061631		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old female with a 5/8/13 date of injury. At the time (2/3/14) of request for authorization for MRI of the cervical spine and Follow up with a dentist, there is documentation of subjective (right sided headaches, facial pain/numbness, constant tinnitus, neck pain, and jaw pain with chewing) and objective (positive cervical spine compression with pain) findings, current diagnoses (neck sprain and strain), and treatment to date (medications). Regarding MRI of the cervical spine, there is no documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence of tissue insult or neurologic dysfunction; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online, cervical MRI indications for imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

**Decision rationale:** The MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of a diagnosis of neck sprain and strain. In addition, there is documentation of conservative treatment (medications). However, there is no documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence of tissue insult or neurologic dysfunction; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. Therefore, based on guidelines and a review of the evidence, the request for MRI of the cervical spine is not medically necessary.

**Follow up with a dentist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** The MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of a diagnosis of neck sprain and strain. In addition, given documentation of subjective findings (facial pain/numbness, constant tinnitus, and jaw pain with chewing), there is documentation that the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for Follow up with a dentist is medically necessary.