

Case Number:	CM14-0069861		
Date Assigned:	07/14/2014	Date of Injury:	12/12/2013
Decision Date:	09/10/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 Louisiana 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:

This 19 year-old patient sustained a neck injury on 12/12/13 when a package fell on his head while employed by [REDACTED]. Request(s) under consideration include MRI Neck Spine with out dye. Report of 1/21/14 from the provider noted condition was improving; however, slower than expected; pain decreased to 2/10 with mostly tightness. Exam showed tenderness over trapezius bilaterally. Treatment include chiropractic care. Report of 2/25/14 noted condition has not improved significantly with posterior neck pain exacerbated with movement rated at 2/10. Exam showed cervical spine tenderness and spasms over paracervical area; negatie cervical compression nerve root test; unrestricted range of motion with intact motor strength and sensation. It was noted MMI is expected on 3/25/14 with treatment to include medication refill. Orthopedic eval of 3/12/14 noted patient's exam with minical increased in pain with range; otherwise with full movement. X-rays was unremarkable. Diagnoses were contusion and cervical spine strain with treatment to continue modified work. The patient has completed 6 chiro/ 6 PT sessions/ and acupuncture treatment without significant improvement. Report of 4/2/14 noted continued chronic pain symptoms with exam showing diffuse cervical spine tenderness with full range of motion in all planes without any gross neurological deficits. Diagnoses was contusion with rule out radiculopathy. The patient continued on modified duty of 25-pound weight restrictions (unclear if patient is working). Request(s) for MRI Neck Spine with out dye was non-certified on 5/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Neck Spine with out dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter regarding Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-171,177-179.

Decision rationale: The patient has completed 6 chiro/ 6 PT sessions/ and acupuncture treatment without significant improvement. Report of 4/2/14 noted continued chronic pain symptoms with exam showing diffuse cervical spine tenderness with full range of motion in all planes without any gross neurological deficits. A diagnosis was contusion with rule out radiculopathy. The patient continued on modified duty of 25-pound weight restrictions (unclear if patient is working). Request(s) for MRI Neck Spine without dye was non-certified on 5/6/14. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Criteria for ordering imaging studies include 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 and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient has intact motor strength, DTRs, and sensation throughout bilateral upper extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Neck Spine without dye is not medically necessary and appropriate.