

Case Number:	CM14-0089220		
Date Assigned:	07/23/2014	Date of Injury:	07/04/2012
Decision Date:	09/08/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 Internal 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 patient is a 52 year old female who was injured on 07/04/2012. The patient fell approximately 8 feet from the top of the fire engine and landed on concrete floor. Prior treatment history was not documented. Diagnostic studies reviewed x-ray of the lumbar spine on 10/31/2013 revealed multilevel degenerative changes. A progress note dated 05/21/2014 documented the patient with complaints of persistent neck pain and stiffness as well as her neck pain radiates to her scalp and shoulders. Patient states it is worsening since her injury. She feels that her balance and coordination is not stable at times. Objective findings reveal lumbar spine range of motion was approximately 50% of expected with guarding. Cervical range of motion was approximately 50% of expected with guarding. Stretch reflexes of the upper and lower extremities were symmetrical. There was no motor deficit. Sensory was intact to light touch and pin. Diagnoses: 1) Lumbar strain/sprain 2) Cervical Strain/sprain 3) Thoracic strain/sprain 4) Multiple contusions 5) Post-traumatic headaches. Treatment plan: request MRAI of the brain for traumatic brain injury and MRI of the cervical spine to assess disc disease/canal stenosis. Utilization report dated 05/30/2014 did not certify the requests for MRI of the brain and cervical spine. The MRI of the brain was denied because there was no mention of trauma to the head or findings of neurological deficits and disturbed consciousness to support MRI to the brain. MRI of the cervical spine was denied because there was not sufficient documentation of neurological deficits in the upper extremities to support an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Head Procedure Summary- MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, MRI (magnetic resonance imaging).

Decision rationale: The ODG recommends MRI's of the brain for acute or subacute neurological changes concerning for intracranial disease. The clinical documents did not provide a discussion of the indication for an MRI of the brain. The clinical documents state the patient has chronic neck/shoulder pain but there was inadequate discussion of progressive neurological findings to warrant MRI evaluation. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Neck and Upper Back Procedure Summary Indications for MRI (magnetic resonance imaging).

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

Decision rationale: The ACOEM Guidelines recommend MRI's of the cervical spine for acute or subacute neurological changes concerning for spinal cord involvement. The clinical documents did not provide a discussion of the indication for MRI of the cervical spine. The clinical documents state the patient has chronic neck/shoulder pain but there was an inadequate discussion of progressive neurological findings to warrant an MRI evaluation. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.