

Case Number:	CM14-0095873		
Date Assigned:	07/25/2014	Date of Injury:	09/07/2013
Decision Date:	12/31/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family Medicine and is licensed to practice in Colorado. 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:

35 year old Male with date of injury 9/7/2013 continues care with treating physician. Injury occurred when he hit his head on a door in the ceiling, and then was hit in the forehead as well. Patient primary complaints include neck pain radiating to head and shoulders. He also notes tingling and numbness in arms and hands. Per the records, previous therapies include medications and PT and acupuncture with some relief. Per 4/11/2014 office visit exam shows tightness in neck muscles, tenderness at occiput, and decreased ROM in neck with no evidence of upper extremity radiculopathy on exam. Patient has specific diagnosis of Post concussive syndrome. (MRI Brain 1/17/2014: No evidence of infarct or other intracranial abnormality. Extensive sinus disease noted.) The treating physician requests MRI of Cervical Spine.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back (updated 04/14/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 4-5.

Decision rationale: The MTUS Guidelines do not address the use of MRI, so the ACOEM Guidelines were consulted. MRI is recommended [Recommended, Evidence (C)] for patients with:- Acute cervical pain with progressive neurologic deficit;- Significant trauma with no improvement in significantly painful or debilitating symptoms;- A history of neoplasia (cancer),- Multiple neurological abnormalities that span more than one neurological root level;- Previous neck surgery with increasing neurologic symptoms;- Fever with severe cervical pain;- Symptoms or signs of myelopathy; or- Subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom dermatomal and myotomal symptoms are not trending towards improvement if either injection is being considered or both the patient and surgeon are considering early surgical treatment if supportive findings on MRI are found. Strength-of-Evidence Ratings: A = Strong evidence-base B = Moderate evidence-base C = Limited evidence-base .I = Insufficient evidence: Evidence is insufficient or irreconcilable. MRI is not recommended for non-specific neck pain. MRI is not recommended for acute radiculopathy, unless patient has progressive neurological symptoms or severe impairment, and injections or early surgical intervention are being considered. For the patient of concern, the records do not clearly establish that patient has neurological deficits on exam, only complaints that could be radicular on history. No documentation is supplied that indicates a procedure (injections or other) is being considered. Based on the Guidelines and lack of evidence that patient has neurological abnormalities that require further imaging to define/treat, the MRI of Cervical Spine is not medically necessary.