

Case Number:	CM14-0186478		
Date Assigned:	11/14/2014	Date of Injury:	07/03/2014
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old male with a work injury dated 7/3/14 when he fell off a bed of a truck hitting the ground with the back of his head and right side of low back. The diagnoses reveals chronic cervical strain; chronic lumbar strain; post concussive syndrome; post traumatic and headaches. Under consideration is a request for MRI cervical spine. A 10/22/14 document states that the patient has a chief pain complaint of chronic headaches, neck pain, right ear tinnitus, dizziness, nausea, blurry vision, and lower back pain. Since then, he has had ongoing neck and lower back pain with ongoing frequent headaches. A CT scan of the head was obtained which was grossly negative. The treatment plan states that given the his symptoms, which have been ongoing for the past 3 months, the provider feels that it would be warranted for him to undergo MRI cervical spine and a MRI lumbar spine without contrast. On exam of the neck, there is tenderness to palpation over the posterior cervical paraspinal muscles from the approximate levels of C3 through C7 with evidence of guarding. Total strength was grossly 5/5 in the upper and lower extremities proximally and distally. Deep tendon reflexes arc 2+ in the patellae and Achilles bilaterally, 2 + in the upper extremities and were symmetric. The gait is grossly non-antalgic. The injured worker is able to ambulate without assistance. The documentation indicates the cervical spine x-rays are negative. There are no objective cervical x-rays documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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(ODG), Neck & Upper Back, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Magnetic Resonance Imaging (MRI)

Decision rationale: MRI cervical spine is not medically necessary per the MTUS and the Official Disability Guidelines (ODG) guidelines. The MTUS ACOEM guidelines states that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered for a patient with chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present or if there is progressive neurologic deficit. The documentation fails to reveal a progressive neurologic deficit, or red flag. There is no objective cervical x-ray imaging; therefore, the request for MRI cervical spine is not medically necessary.