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| Case Number: | CM14-0203339 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 01/17/2013 |
| Decision Date: | 02/09/2015 | UR Denial Date: | 11/27/2014 |
| Priority: | Standard | Application Received: | 12/04/2014 |

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 Practice 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 injured worker is a 37 year old female who received multiple injuries when she was in a motor vehicle accident on 01/17/2013. Diagnosis included cervicothoracic strain/mild arthrosis with possible neural encroachment, bilateral carpal tunnel syndrome, lumbosacral strain/arthrosis, status post concussion with several neurologic complaints, and depression disorder per psychiatric evaluation. Treatments have included medication, physical therapy, acupuncture, neurology testing, imaging and other diagnostic testing. CT scans dated 01/21/2013 were reviewed as unremarkable and MRI of the brain 04/22/2013 was also negative. The injured worker stated her greatest complaints are intermittent headaches that fluctuate with intensity and bilateral upper extremity discomfort. The treating physician's progress note dated 11/18/2014 stated the injured worker was still having very significant headaches and also having significant neck complaints that radiate towards her mid back. Examination revealed the injured worker had a negative Spurling's and foraminal compression test. However, she had significant neck pain and pain into the scapular areas. Treatment plan included medication refill of Imitrex, further consultation with a neurologist and MRI for possible injections or a spine consultation. The request is for a MRI of the cervical spine that a Utilization Review denied on 11/27/2014 because the injured worker had no radicular complaints regarding the upper extremities. The injured worker had a normal electromyogram of the upper extremities on June of 2013 and a normal CT scan which was done shortly after the accident. The documentation submitted did not support the medical necessity. CA MTUS/ACOEM Guidelines were utilized in the decision making.

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 Page(s): 177-178.

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

Decision rationale: According to ACOEM guidelines, criteria for ordering special 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, and clarification of the anatomy prior to an invasive procedure. It also states that physiologic evidence may be in the form of definitive neurologic findings on physical exam, electrodiagnostic studies, lab tests, or bone scans. The medical records do not establish clinical signs consistent with a focal neurologic deficit in a dermatomal or myotomal pattern to cause concern for cervical radiculopathy. Without evidence of cervical nerve root compromise or other red flag findings, proceeding with a cervical spine MRI is not indicated. Therefore, this request is not medically necessary.