

Case Number:	CM14-0027455		
Date Assigned:	06/13/2014	Date of Injury:	02/26/2013
Decision Date:	02/06/2015	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 injured worker (IW) is a 24-year-old woman with a date of injury of February 26, 2013. The mechanism occurred when the IW was kneeling in front of a rolling 2-drawer cabinet, which was 3-4 feet tall. The top drawer, weighing 35-40 pounds rolled out and struck the IW in the forehead. The IW was seen on January 29, 2014 for a neurological evaluation. According to the documentation the IW reports dizziness, headaches, decreased memory, forgetfulness, nausea with occasional vomiting, and depression. Objectively, the IW remains depressed. Halpike maneuver is positive and her neurological evaluation remained unchanged. The initial neurological evaluation was performed October 2013. There was no cervical radiculopathy, or any neurologic dysfunction noted. The IW has been diagnosed with status post blunt head trauma; posttraumatic head syndrome; and cervical spine sprain/strain. The IW had an MRI of the brain on January 10, 2014, which showed normal findings. Pursuant to the Primary Treating Physician's Orthopedic Evaluation dated January 24, 2014, the IW complains of headaches, which cause her to vomit. She has intermittent moderate neck pain with radiation down the right arm to the waist. This is associated with numbness and tingling in the right hand and fingers. Examination of the cervical spine reveals tenderness to palpation about the paracervical and trapezius musculature. There is restricted range of motion due to complaints of discomfort and pain. There are muscle spasms noted. Examination of the bilateral wrists reveals tenderness to palpation diffusely. There is restricted range of motion due to complaints of pain and discomfort. There is weakness in grip strength noted. There is a positive Tinel's test on the right, and positive Phalen's test bilaterally. The diagnoses by the primary orthopedic physician are blunt head trauma with headaches; cervical spine strain/sprain; and bilateral carpal tunnel syndrome. The IW has been authorized to attend a course of physical therapy at a rate of twice a week for 4

weeks. She has already completed 7 sessions to date. The treating physician is requesting an MRI of the cervical spine to better assess her current condition.

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): 181-183.

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the cervical spine is not medically necessary. Patients who are alert, have never lost consciousness, are not under the influence of alcohol or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings do not need imaging. Indications for MRI imaging of the cervical spine are enumerated in the Official Disability Guidelines. They include, but are not limited to, chronic neck pain with radiculopathy, if severe or progressive neurologic deficit; chronic neck pain after three months conservative treatment, x-rays normal, neurologic signs or symptoms present. In this case, the injured worker's working diagnoses are status post blunt head trauma; carpal tunnel syndrome; and cervical spine sprain/strain. Neurologic evaluation was performed October 2013. There was no cervical radiculopathy or any neurologic dysfunction noted. There was no prior surgery performed to the cervical spine. There were no diagnostic or electrodiagnostic studies performed. There were no red flags noted the medical record; no nerve root compromise documented in the record and the injured worker was not being prepped for any cervical surgical procedures. Consequently, in the absence of neurologic deficit, pursuant to the clinical indications enumerated in the Official Disability Guidelines, MRI of the cervical spine is not medically necessary.