MAXIMUS Federal Services

Case Number:	CM15-0143133		
Date Assigned:	08/04/2015	Date of Injury:	07/16/2014
Decision Date:	08/31/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina
Certification(s)/Specialty: Family Practice

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 55 year old male who sustained an industrial injury on 7-16-14. He was involved in a rollover accident with a piece of heavy equipment. He developed neck pain and intermittent headaches following the accident and was first seen by medical personnel on 7-18-14. He underwent x-rays of his cervical spine, followed by MRI's of his cervical and thoracic spine, and a CT of his head. The original x-ray of his cervical spine revealed acute cervical sprain and acute thoracolumbar strain, as well as mild degenerative changes throughout the cervical spine. The MRI of the cervical spine revealed minimal annular bulging at C5-6 and C6-7. Other diagnostics were within normal limits. On 6-25-15, he was diagnosed with Cervicalgia, Cervical Sprain, Headache, Abrasion of the right Cornea, healed, Vertigo, Traumatic Brain Injury, and Migraine headache. Previous treatment has included physical therapy and a pain management referral. His pain was managed with a narcotic analgesic and antianxiety medication. Currently, the injured worker continues to complain of more severe headaches. He is no longer taking narcotic analgesics and reports that the headaches are worse since being off the medication. He is currently taking Topamax, but states that it is ineffective. He also continues to complain of "throbbing" around his right eye. On 6-29-15, the physician ordered an MRA head, audiogram, neurology consult, EMG-NCV to evaluate the left upper extremity, Ear Nose Throat consultation, and TBI (Traumatic Brain Injury) consultation. It was also recommended that he have a neurosurgical consultation following the EMG-NCV and MRA of the head.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI arthrogram of the head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Officially Disability Guidelines, Head Chapter.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that MRI of the head is indicated in the evaluation of prolonged loss of consciousness, persistent neurologic findings on exam not explained by CT and the evaluation of acute or chronic disease processes. Angiography is only indicated in the evaluation of vascular disease. The provided medical records do not show the patient meets these criteria and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.

EMG/NCS of the left upper extremity: 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 and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: 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; Clarification of the anatomy prior to an invasive procedure; Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate

temporally or anatomically with symptoms. The provided documentation does not show any signs of emergence of red flags or subtle physiologic evidence of tissue insult or neurologic dysfunction. There is no mention of planned invasive procedures. There are no subtle neurologic findings listed on the physical exam. For these reasons criteria for special diagnostic testing has not been met per the ACOEM. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.