

Case Number:	CM15-0143948		
Date Assigned:	08/04/2015	Date of Injury:	06/19/2015
Decision Date:	09/11/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male, who sustained an industrial injury on 6-19-2015, while working as a bus driver, resulting from a motor vehicle accident while he was a passenger, training a driver. The injured worker was diagnosed as having bilateral shoulder sprain-strain, cervical and lumbar sprain-strain, and concussion without loss of consciousness. Treatment to date has included x-rays (spine, neck, and knees), medications, and physical therapy. Currently (6-29-2015), the injured worker complains of back pain and worsening headaches, blurred vision, and neck pain. He reported headaches and dizziness, intermittent and mild, exacerbated by flexion and lessened by rest. Associated symptoms noted no complaints of dizziness and no blurred vision. A review of symptoms noted no neurological symptoms. Medications included Nabumetone, Orphenadrine, and Ondansetron. Exam of the cranial nerves was unremarkable. Tylenol was dispensed. The treatment plan included magnetic resonance imaging of the cervical spine and evaluation by a neurologist. On 7-06-2015, head complaints and symptoms were described as dull and mild and neck complaints were described as moderately severe, exacerbated by flexion and lessened by rest. Exam was unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI C/S without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging.

Decision rationale: The patient was injured on 06/19/15 and presents with back pain and neck pain. The request is for an MRI of the cervical spine without contrast. There is no RFA provided and the patient is off of work until 07/20/15. Regarding MRI, the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: "Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. " It defines physiologic evidence as a form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans". ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist". ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: "Not recommended except for indications listed below. " Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit; the patient has neck pain with motion and there are no other positive exam findings provided. He is diagnosed with bilateral shoulder sprain-strain, cervical and lumbar sprain-strain, and concussion without loss of consciousness. Treatment to date has included x-rays (spine, neck, and knees), medications, and physical therapy. It appears that the patient has had a prior x-ray of the cervical spine; however, the findings of this x-ray are not provided. In this case, there is no evidence of any progressive neurologic deficit to warrant an MRI. ODG Guidelines do not support MRI unless there are neurologic signs/symptoms. The patient does not present with any red flags such as myelopathy or bowel/bladder symptoms. Therefore, the requested MRI of the cervical spine is not medically necessary.

Neurologist evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

Decision rationale: The patient was injured on 06/19/15 and presents with back pain and neck pain. The request is for a Neurologist Evaluation for the patient's intermittent dizziness. The utilization review denial rationale is that "there were no objective findings in this report. The rationale for the requested neurological evaluation is not clearly documented". There is no RFA provided and the patient is off of work until 07/20/15. ACOEM Practice Guidelines, Second Edition, 2004, page 127, has the following: The occupational health practitioner may

refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The patient has neck pain with motion and tenderness of the thoracolumbar spine and paravertebral musculature. He is diagnosed with bilateral shoulder sprain-strain, cervical and lumbar sprain-strain, and concussion without loss of consciousness. Treatment to date has included x-rays (spine, neck, and knees), medications, and physical therapy. Given that the patient presents with intermittent dizziness, an evaluation with a neurologist appears medically reasonable. Therefore, the request is medically necessary.