

Case Number:	CM15-0145350		
Date Assigned:	08/06/2015	Date of Injury:	01/09/2012
Decision Date:	09/03/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/27/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 32 year old male, who sustained an industrial injury on 1-9-12. Initial complaints were multiple head, face and left eye trauma. The injured worker was diagnosed as having cerebral concussion with loss of consciousness (LOC) versus amnesia; left orbital fracture; eye blindness; trigeminal nerve injury; extensive left facial orbit skull injury disruption; cervical spine disc protrusion; spinal canal narrowing; lumbar spine disc bulges multiple levels; left optic nerve damage; fracture of the left upper tooth. Treatment to date has included status post debridement and closure of complex facial laceration (1-9-12); status post tarsorrhaphy (1-13-12); status post reconstructive surgery (1-24-12); chiropractic therapy; acupuncture; physical therapy; diet modification; urine drug screening; Quantitative Functional Capacity Evaluation; medications. Currently, the PR-2 notes dated 6-15-15 indicated the injured worker complains of an increased pain on the right side of his tooth. Amoxicillin was denied and he needs to follow-up with his dentist. He complains of lumbar spine pain rated at 8 out of 10 and reports it is constant, dull, throbbing, aching type pain. This pain radiates to the right lower extremity to his foot. The provider notes positive for numbness. His low back pain has increased with activities. He has cervical spine pain reports in intensity of 9 out of 10 on the pain scale with a constant ache. The pain is increasing with activities and worsening. He has tried chiropractic therapy x24 sessions, acupuncture x12 sessions and physical therapy 6 treatments with minimal relief. The provider indicates he needs updated x-rays and MRI of his cervical spine. He reports sleep issues and the provider notes the injured worker needs to follow-up with his psych provider. He reports issues losing weight. And reports he has tried to modify his diet. On examination the provider

notes the injured worker can walk a quarter of a mile, sit for 30-60 minutes and lift 20-30 pounds. The provider is requesting authorization of MRI of the cervical spine for evaluation and treatment options.

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.

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

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are status post cerebral concussion with loss of consciousness; status post left orbital fracture, left eye blindness, trigeminal nerve injury; extensive left facial orbit injury, disruption left medial rectus muscle; cervical spine sprain strain; disc protrusion; spinal canal narrowing; lumbar spine sprain strain; history left optic nerve damage; left TMJ joint disorder; and fractured tooth upper. The date of injury is January 9, 2012. Request authorization is dated June 16, 2015. According to a June 16, 2015 progress note, the treating provider wants to update x-rays and magnetic resonance imaging scans of the cervical spine. Although there is no prior hard copy of an MRI cervical spine in the record, it appears the treating provider wants to update the initial MRI cervical scan. Subjectively, the injured worker has neck and low back pain. The injured worker received 24 chiropractic sessions; acupuncture 12 sessions and physical therapy six sessions with minimal relief. Objectively, the cervical spine is tender to palpation with decreased range of motion. Motor and sensory examinations were left blank (check the box format). Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology there is no documentation of

a significant change in symptoms and/or objective findings suggestive of significant pathology. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Consequently, absent clinical documentation with a significant change in symptoms and/or findings suggestive of significant pathology, documentation of a significant change in symptoms and/or objective findings suggestive of significant pathology and unequivocal objective findings that identifies specific nerve compromise on the neurologic evaluation and the prior MRI cervical spine, MRI cervical spine is not medically necessary.