

<b>Case Number:</b>	CM15-0166234		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	09/29/2012
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Emergency 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 58 year old male who sustained an industrial injury on 9-29-12. His injury was the result of a motor vehicle accident, in which he lost consciousness and had to be extricated from the vehicle. He has no recollection of the details of the accident. His injury was to his head. He was taken, by ambulance, to the emergency department, where a CT of the head was completed. He was diagnosed with a concussion, cervical strain, right thigh contusion, and congenital C7 spinous process, non-fusion, with neck tenderness. An MRI was ordered of the cervical spine. He was admitted to a surgical floor and placed in a soft collar, pending results of the MRI. Neurological and cognitive exams were ordered for the following morning. The Workman's Comp Initial Evaluation, dated 4-23-15, indicates that he underwent "multiple interventions", including a right ventriculoperitoneal shunt for a diagnosis of hydrocephalus. This was completed in June 2013. He also underwent a carotid endarterectomy on 2-14-15. The report indicates that he has also been treated for low back pain, for which surgery was recommended "by some doctors". At the time of the report, he complained of "severe headaches, balance problems, and some symptoms of dementia and cognitive impairment of a significant degree". His cervical spine MRI on 9-30-12 showed "no acute injury", but indicated degenerative disc disease, stenosis, mild interspinous edema, and mild kyphosis. On 2-4-13, he was evaluated by a provider for complaints of severe headaches, ongoing neck and low back pain, as well as gait disturbance and memory difficulties. He was diagnosed with head trauma with post concussive syndrome, posttraumatic vertigo and dizziness, posttraumatic chronic daily headaches, anxiety and panic attacks - secondary to depression, disorder of sleep and arousal,

and neck pain with paresthesias in arms and legs. He was placed on Xanax, Nexium, and Norco and referred to physical therapy. On 4-23-15, he was examined by the Workman's Comp provider and diagnosed with intracerebral hemorrhage, hydrocephalus, headache, and severe psychomotor impairment. The injured worker has undergone a neurocognitive evaluation and received cognitive behavioral therapy. The PR-2, dated 7-1-15, indicates that he complained of pain in his head that radiated to his neck and right shoulder. He rated the pain "7 out of 10". His medications included Tramadol, Citalopram, Ambien, Omeprazole, and Clonazepam. He was given trigger point injections of the cervical paraspinal and trapezius muscles on both sides. The PR-2, dated 7-10-15, indicates that he continued to "suffer from headaches". He was being followed by a neurologist and neurosurgeon. He also was noted to continue to have depressive indicators and cognitive difficulties. The depression was noted to be "improving through cognitive behavioral therapy". There was no change in the treatment plan. The 7-29-15 PR-2 states that he continued to have severe headaches and pain in the neck and shoulder on the left side. He had been evaluated by the neurosurgeon and was told that the "shunt works well". He had also been seen for complaints of tinnitus and underwent an audiogram. He was to follow-up with the audiologist regarding the audiogram and return to the clinic in one week for repeat trigger point injections, as it was noted that he had "significant improvement" from the last injections. He followed up with audiology on 7-22-15 and was diagnosed with diplacusis and hyperacusis. He was provided with two Westone-Etymotic Esearch Filters with 25 decibel attenuation and hearing protective devices. The request for service was an MRI of the cervical spine. This request is not available for review in the most recent records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI (cervical spine):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Neck and Upper Back (Acute & Chronic), Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints Page(s): 178-179.

**Decision rationale:** The requested MRI (cervical spine), is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has severe headaches and pain in the neck and shoulder on the left side. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI (cervical spine) is not medically necessary.