

Case Number:	CM15-0192105		
Date Assigned:	10/06/2015	Date of Injury:	08/11/2015
Decision Date:	12/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/30/2015

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 65 year old male, who sustained an industrial injury on 8-11-15. He reported neck pain, facial pain, and headaches. The injured worker was diagnosed as having sprain of strain of the cervical spine. Treatment to date has included medication such as Aspirin. Physical examination findings on 9-17-15 included pain at the C1-6 area rated as 6 of 10 with spasms at C1-5. A computed tomography scan of the cervical spine obtained on 8-11-15 was noted to be normal. On 9-17-15, the injured worker complained of pain in the neck with spasms. The treating physician requested authorization for a MRI of the cervical spine without contrast. On 9-21-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Magnetic Resonance Imaging (MRI) of the Cervical Spine Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Spine.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. 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, 1 Magnetic Resonance Imaging (MRI) of the cervical spine without contrast 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 contusion/head trauma, concussive; sprain strain C-spine; and open wound for head 2.6 cm. Date injury is August 11, 2015. Request for authorization is September 9, 2015. According to a September 8, 2015 progress note, subjective complaints include head, forehead and right cheek pain. There is no pain with spasm. Objectively, there is pain, tenderness and swelling (location is not identified). There is no bruising. Range of motion is decreased at the cervical spine with tenderness at C6 - C7 and sensation decreased at C6 - C7 dermatome. There is no documentation of conservative management (i.e. physical therapy). The guidelines recommend MRI after three months conservative treatment. Additionally, there are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of conservative management (i.e. physical therapy), and no unequivocal objective neurologic compromise, 1 Magnetic Resonance Imaging (MRI) of the cervical spine without contrast is not medically necessary.