

Case Number:	CM15-0027137		
Date Assigned:	02/19/2015	Date of Injury:	07/30/2014
Decision Date:	04/09/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/12/2015

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 62 year old male who sustained an industrial injury on 7/30/14. He currently complains of constant, sharp cervical spine pain that radiates into the upper extremities and headaches. In addition there is constant, sharp low back pain with radiation into the lower extremities and bilateral shoulder pain. The pain intensity is 7/10. There is a note that medications were refilled but specific medications were not listed (1/27/15). Diagnoses include lumbar and cervical disc displacement and shoulder joint derangement. In the progress note dated 1/27/15 the treating provider requested MRI of the cervical spine noting cervical pain and arm numbness/ pain lasting longer than 4-6 weeks. In addition there was a request for MRI of the head. On 1/29/ 15 the treating provider requested MRI of the cervical spine and MRI of the head. Of note, MRI of the brain (2/9/15) was slightly abnormal. On 2/5/15 Utilization review non-certified the requests for MRI of the cervical spine and MRI of the head citing MTUS: Chronic Pain Medical treatment Guidelines: ACOEM: Neck and Upper Back Complaints: Cervical and Thoracic Spine Disorders-Diagnostic Investigations-MRI and ODG: Head respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Overturned

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): 177-178. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)'.

Decision rationale: This patient presents with cervical spine pain that radiates into the upper extremities. There are associated headaches that are migrainous in nature, as well as tension between the shoulder blades. The current request is for MRI CERVICAL SPINE. Request for Authorization (RFA) is dated 1/29/15. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. This patient has a date of injury of 7/30/14. Examination findings revealed tenders, positive axial loading compression test, positive Spurling's, limited ROM with radiating pain in the upper extremities. The medical file provided for review is scarce with only one progress report provide for review. There is no indication of prior imaging of the cervical spine. Given the patient's radicular symptoms and examination findings, an MRI for further investigation is reasonable and supported by ODG. This request IS medically necessary.

MRI Head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, LLC, Section Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines head chapter, MRI.

Decision rationale: This patient presents with cervical spine pain that radiates into the upper extremities. There are associated headaches that are migrainous in nature, as well as tension between the shoulder blades. The current request is for MRI HEAD. Request for Authorization (RFA) is dated 1/29/15. ODG Guidelines under its head chapter, regarding MRI, states "this is a well-established brain imaging study and it is indicated as follows: Explain neurological deficit not explained by CT, to evaluate prolonged interval of disturbed consciousness to determine

evidence of acute changes superimposed on previous trauma or disease". MRI is more sensitive than CT for detecting traumatic cerebral injury. The treating physician is requesting a MRI of the head due to the patient's complaints of headaches. No neurological findings were noted on the report. In this case, the patient does not meet the requirements set by ODG for an MRI of the brain. The request IS NOT medically necessary.