

Case Number:	CM15-0210441		
Date Assigned:	10/29/2015	Date of Injury:	08/13/2015
Decision Date:	12/10/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old female with a date of injury of August 13, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for blunt head trauma, cervical sprain and strain, and thoracolumbar sprain and strain with lumbar disc bulges and left sided radiculopathy. Medical records dated September 15, 2015 indicate that the injured worker complained continued lower back pain. A progress note dated October 12, 2015 indicate that the injured worker complained of headaches, neck pain with tingling in the face and numbness and tingling in the bilateral upper extremities, and low back pain. Records also indicate pain was rated at a level of 10 out of 10 at its worst. Per the treating physician (October 12, 2015), the employee was working modified duties that included lifting limited to 20 pounds no pushing or pulling over 35 pounds and limited bending and stooping. The progress note dated October 12, 2015 documented a physical examination that showed decreased range of motion of the cervical spine and tenderness of the cervical paraspinal muscles. Treatment has included six sessions of physical therapy for the lumbar spine, The utilization review (October 26, 2015) non-certified a request for magnetic resonance imaging of the cervical spine and magnetic resonance imaging of the brain.

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 Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back procedure summary.

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 & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work injury in August 2015 when she fell backwards onto a cement floor. She was seen in an Emergency Room and x-rays of the pelvis, sacrum/coccyx, and lumbar spine were negative for acute injury. Through September 2015 she attended 6 physical therapy treatment sessions. When seen, she had only been treated for her low back. Complaints included headaches and difficulty concentrating. She was having neck pain with tingling in the face and upper extremities. She was having radiating low back pain. Pain was rated at 10/10. There was decreased cervical and lumbar range of motion. There was paraspinal muscle tenderness. Strength testing was limited by pain and was without focal deficit. There was decreased right lower extremity sensation. MRI scans of the cervical spine and brain were requested. Applicable criteria for obtaining an MRI of the cervical spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there are no identified red flags or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan of the cervical spine. The request is not considered medically necessary.

MRI of the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), MRI (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in August 2015 when she fell backwards onto a cement floor. She was seen in an Emergency Room and x-rays of the pelvis, sacrum/coccyx, and lumbar spine were negative for acute injury. Through September 2015 she attended 6 physical therapy treatment sessions. When seen, she had only been treated for her low back. Complaints included headaches and difficulty concentrating. She was having neck pain with tingling in the face and upper extremities. She was having radiating low back pain. Pain was rated at 10/10. There was decreased cervical and lumbar range of motion. There was paraspinal muscle tenderness. Strength testing was limited by pain and was without focal deficit. There was decreased right lower extremity sensation. MRI scans of the cervical spine and brain were requested. Applicable indications for obtaining an MRI of the brain are to evaluate neurological deficits not explained by CT, to evaluate prolonged interval of

disturbed consciousness, or to define evidence of acute changes super-imposed on previous trauma or disease. In this case, there are no reported neurological deficits that would support a need for an MRI of the brain. If indicated, a CT scan of the brain would be required prior to consideration of an MRI. Obtaining an MRI of the brain is not considered medically necessary.