

Case Number:	CM15-0033760		
Date Assigned:	03/03/2015	Date of Injury:	10/24/2014
Decision Date:	04/09/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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: New York, West Virginia, Pennsylvania
 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 59 year old male who sustained a work related injury from an electric shock to the face on October 24, 2014. The injured worker was thrown hitting his head with a brief loss of consciousness. Initial Computed Tomography (CT) of the brain was negative for acute pathology. The injured worker was diagnosed with postconcussive syndrome and cervical strain/sprain. According to the treating physician's progress report on January 20, 2015 the patient continued to experience temporal headaches, light sensitivity, decreased attention and feels more irritable and short tempered. Examination of the cervical spine demonstrated tenderness at C5-C6 spinous process bilaterally and muscle spasm. Decreased range of motion was noted. Neurovascular was intact. Spurling and Adson's test were negative. Current medications are listed as Norco, Ibuprofen and Venlafaxine ER. The treating physician requested authorization for MRI (magnetic resonance imaging) of the cervical spine. On February 12, 2015 the Utilization Review denied certification for MRI (magnetic resonance imaging) of the cervical spine. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Guidelines recommend MRI of the spine for patients with major focal neurological deficits and/or progressive myelopathy in spite of a trial of conservative therapy. According to clinical documents, the patient did not suffer from significant neurological findings. Thus, the request for MRI of the cervical spine is not medically appropriate and necessary.