MAXIMUS Federal Services

Case Number:	CM15-0056426		
Date Assigned:	04/01/2015	Date of Injury:	02/06/2015
Decision Date:	05/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/24/2015

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: 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 February 6, 2015. He reported a metal top fell on his head while bending forward, fixing a water pump, causing a laceration and dizziness. The injured worker was diagnosed as having post-concussion syndrome, cervical radiculopathy, back pain, and cervical spine strain. Treatment to date has included thoracic spine/skull x-rays, rest, ice, and medication. Currently, the injured worker complains of dizziness, headache, memory impairment, numbness and tingling in the extremities, and numbness in the arms, with back pain, neck pain, and spasms. The Treating Provider's report dated March 16, 2015, noted tenderness to the right side thoracic paraspinous with spasms, and pain with motion. The pericervical and trapezius were noted with maximum tenderness. The cervical spine was noted to be tender with mildly reduced range of motion (ROM). Further diagnostic studies ordered included a thoracic spine MRI, a cervical spine MRI, and a brain MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) 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.

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: Per the 03/16/15 report, the patient presents with head neck and upper back pain radiating to the right arm with associated numbness, spasms and tingling in the arms with swelling, tingling, and weakness in the legs. The patient complains of nausea and memory changes/forgetfulness. He is not taking medications. The patient's diagnoses include: Scalp laceration, Head contusion. The 04/08/15 report includes symptoms of somnolence and a diagnosis of Post Concussion Syndrome. The current request is for MRI Magnetic Resonance Imaging Brain. The RFA is not included; however, the 03/24/15 utilization review states the RFA is dated 03/17/15. As of 02/16/15 the patient's work duties are noted to be modified, but it is unclear if the patient is currently working. ODG Guidelines under its head chapter, 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 reports provided for review do not discuss the reason for this request and there is no evidence of a prior MRI Brain for this patient. The 02/06/15 report states that a CT scan of the brain was ordered. Subsequent reports on 03/16/15 and 04/08/15 do not discuss whether this study was completed. In this case, ODG guidelines recommend MRI for neurological deficit not explained by CT; however, no results of the ordered CT scan are provided. The request Is Not medically necessary.

MRI (magnetic resonance imaging) Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, MRI.

Decision rationale: Per the 03/16/15 report the patient presents with head neck and upper back pain radiating to the right arm with associated numbness, spasms and tingling in the arms with swelling, tingling, and weakness in the legs. The patient's diagnoses from 04/08/15 include: Cervical radiculopathy. The current request is for MRI Magnetic Resonance Imaging Cervical Spine. The RFA is not included; however, the 03/24/15 utilization review states the RFA is dated 03/17/15. As of 02/16/15 the patient's work duties are noted to be modified, but it is unclear if the patient is currently working.ODG guidelines, Neck and Upper Back Chapter, MRI, states recommended for indications that include: chronic neck pain following 3 months conservative treatment, normal radiographs, neurologic signs or symptoms. The reports provided for review do not discuss the reason for this request and there is no evidence of a prior MRI Cervical for this patient. In this case, the patient does have radicular symptoms from the

neck to the arms. However, the ODG guidelines state that MRI is recommended following 3 months of conservative treatment and this is a 03/17/15 request following an injury date of 02/16/15. Therefore, the request Is Not medically necessary.

MRI (magnetic resonance imaging) Thoracic 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: Neck & Upper Back.

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

Decision rationale: Per the 04/08/15 report, the patient presents with low back pain radiating to the upper back with numbness in the left arm and chest. Examination reveals no sensory deficits. The patient's diagnoses include: Back pain. The current request is for MRI Magnetic Resonance Imaging Thoracic Spine. The RFA is not included; however, the 03/24/15 utilization review states the RFA is dated 03/17/15. As of 02/16/15 the patient work duties are noted to be modified, but it is unclear if the patient is currently working. ODG guidelines Low Back Chapter MRI Topic, state that: MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The reports provided for review do not discuss the reason for this request and there is no evidence of a prior MRI thoracic for this patient. In this case, there is lack of sufficient documentation of thoracic issues, such as any radiation into thoracic cavity. Furthermore, there are no red flags such as myelopathy, or suspicion for tumor/infection/fracture to warrant an MRI. The request Is Not medically necessary.