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| Case Number: | CM15-0097791 | | |
| Date Assigned: | 05/29/2015 | Date of Injury: | 12/11/2013 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 05/21/2015 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 24 year old male patient who sustained an industrial injury on 12/11/2013. Diagnoses include chronic cervical spine syndrome status post direct trauma on 12/11/2013. Mechanism of injury was an explosion, which required an open reduction and internal fixation of complex facial fractures, and direct trauma to his head neck and face. Per the physician progress note dated 12/02/2014 he initially has severe facial injuries with a right orbital raw blowout fracture and a displaced right anterior maxillary fracture. He underwent surgery for these findings. He has recovered from these injuries, but states that he has had neck pain secondary to the explosion and trauma. He is currently not taking any medications. Physical examination revealed tenderness to palpation from C2 to the trapezius and slight spasm bilaterally from C6 to the trapezius, range of motion unrestricted but causes mild pain, no radiating pain to the upper extremities on cervical motion; the cervical compression test-mildly discomforting and normal sensory examination in both upper extremities. In a physician progress note dated 07/14/2014 documents that he had and Electromyography and Nerve Conduction Study on 06/04/2014 was normal. He has returned to full duty. His residual neck complaints need to be evaluated with a MRI scan. Treatment requested is for Magnetic Resonance Imaging of the cervical spine.

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 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 rationale: Request-MRI of the cervical spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." The ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, Not recommended: Imaging before 4 to 6 weeks in absence of red flags." The records provided did not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. A recent cervical X-ray report was not specified in the records provided. In addition, he had and Electromyography and Nerve Conduction Study on 06/04/2014 which was normal. The MRI of the cervical spine is not medically necessary for this patient.