

Case Number:	CM14-0119294		
Date Assigned:	08/06/2014	Date of Injury:	11/19/2010
Decision Date:	10/07/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient, a 56 year old man, a former heavy equipment operator, was in an accident while pulling down concrete from a recycling pile while using an excavator 11/19/2010. He was found unconscious, and doesn't recall what happened. Apparently the excavator he was driving hit a steep downhill slope and he lost control and tried to jump out. He fell 12 feet, injuring his head, neck and low back. He started having seizures about a month after the incident. He has not worked since approximately February 2011. He is appealing the 7/16/14 denial of a cervical MRI. EMG 5/2/11 showed bilateral denervation of C6-C7, consistent with radiculopathy. MRI of the neck 4/29/11 revealed degenerative changes with mild canal stenosis but no frank cord compression. There was severe left and foraminal narrowing at left C6-7, bilaterally at C5-6 and moderately severe right side neural foraminal narrowing at C4-5 and C3-4. He had prior MRI examination of the neck, as well as head. He has had physical therapy. He is diagnosed with post concussion syndrome, tension headache, lumbar sprain and degeneration of cervical intervertebral disc. Reports document ongoing cervical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines - Chapter on Cervical and Thoracic Spine disorders; section on Magnetic Resonance Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, (Magnetic Resonance Imaging) MRI

Decision rationale: This patient has had cervical MRI, in 2011, which showed pathology. Although he continues to have reports of significant neck pain, there has not been objective worsening of his neurological status. Per ODG Guidelines, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." A repeat cervical MRI is not medically necessary at this time.