

Case Number:	CM14-0140157		
Date Assigned:	09/08/2014	Date of Injury:	03/19/2013
Decision Date:	10/28/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 injured worker is a 30-year-old male with a reported date of injury on 03/19/2013. The mechanism of injury occurred while a tire hit his head. The injured worker's past treatments have included pain medication and physical therapy. The notes indicate the injured worker has had a CT scan of his neck, but he has not had a MRI of his neck done. There was no surgical history documented in the records. On 06/16/2014, the subjective complaints were sharp pain in the posterior part of the neck that radiated to both shoulders, as well as sharp pain in the left knee that radiated down his leg. The injured worker rated the pain at 7/10. The physical exam findings noted blunt head trauma, acute cervical strain, acute left knee strain, post-traumatic osteoarthritis to the left knee. The motor strength examination to the bilateral lower extremities was rated 5/5. Deep tendon reflexes were diminished bilaterally at 2/4. The sensory examination noted sensation was intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The motor strength to the bilateral upper extremities was rated 5/5, as well. The medications consisted of ibuprofen, Flexeril, Zantac, and Klonopin. The treatment plan was to continue medications and to order a MRI of the cervical spine. A request was received for a MRI procedure. The rationale for the request was due to an acute head injury. The Request for Authorization form was dated 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Guidelines state special studies unless a 3 to 4 conservative care period and observations fails to improve symptoms. Most patients improve, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The injured worker had a traumatic head injury and has been treated with conservative care and is still presenting with symptoms. The request for the MRI of the cervical spine would be appropriate; however, the request as submitted did not specify a body part. With the absence of the body part to perform the MRI on, the request is not supported by the evidence based guidelines. As such, the request for MRI procedure is not medically necessary and appropriate.