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| Case Number: | CM14-0150769 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 01/22/2014 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 08/07/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

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 Illinois. 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 66 year-old woman who had a concussion with a date of injury of Jan 22, 2014, and who has chronic neck pain. The first page of the office visit on June 13, 2013 is missing; the other pages document normal upper extremities in strength and sensation, and a positive Spurling's test. A computed tomography (CT) of the brain is normal and the diagnoses include post concussion syndrome, depressive disorder, other chronic pain, cervicgia, brachia neuritis/radiculitis, peripheral vertigo and unspecified concussion. The injured worker was given tramadol, Norflex and Nortriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 172-177.

Decision rationale: Per the evidence based guidelines, magnetic resonance imaging (MRI) may be indicated for red flags, tissue insult, nerve impairment or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy

prior to an invasive procedure. Per the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, tests are supported after 4-6 weeks for cervical nerve root compression with radiculopathy in the presence of progressive weakness. The injured worker does not have any of these red flag signs or signs of progressive weakness. The requested MRI of the cervical spine is not medically necessary.

PT 2-3 x 6 to neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Medicine for Cervicalgia

Decision rationale: Per evidence based guidelines, physical manipulation for neck pain is optional early in care, as are at-home applications of heat or cold. Traction, transcutaneous electrical neuro-stimulation (TENS) and other modalities are not recommended. Per the American College of Occupational and Environmental Medicine (ACOEM), physical therapy is recommended for cervical pain, but the number of sessions is not specified. Per the Official Disability Guidelines (ODG) Physical Therapy Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy (PT). Cervicalgia (neck pain); cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks. Therefore, this request is not medically necessary as the request exceeds the peer-reviewed recommended number of sessions.