

Case Number:	CM14-0165321		
Date Assigned:	10/10/2014	Date of Injury:	07/26/2014
Decision Date:	11/12/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 62 year old male who sustained a work injury on 7-29-14. On this date, the claimant had a trip and fall with resultant head contusion. Office visit on 8-20-14 notes the claimant had limited cervical range of motion. Office visit on 9-3-14 notes the claimant has neck and upper extremity pain. Medrol Dosepak provided some relief. The claimant has decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 185.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: ACOEM notes that MRI is recommended for patients with: -Acute cervical pain with progressive neurologic deficit; -Significant trauma with no improvement in significantly painful or debilitating symptoms; -A history of neoplasia (cancer); -Multiple neurological abnormalities that span more than one neurological root level -Previous neck surgery with increasing neurologic symptoms; -Fever with severe cervical pain; or - Symptoms

or signs of myelopathy. There is an absence in documentation noting that this claimant has neurological deficits or nerve root compression to support the request for MRI of the cervical spine. Therefore, the medical necessity of this request is not established.

Physical Therapy two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 185.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 165. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter - Physical Therapy

Decision rationale: Official Disability Guidelines reflect that a course of physical therapy is supported. However, visits are limited to 10 sessions. ACOEM notes that physical therapy is limited to 1-2 sessions for education, counseling and evaluation of home exercise program. Therefore, the medical necessity of this request physical therapy two times a week for six weeks exceeding current treatment guidelines is not established.