

Case Number:	CM14-0177939		
Date Assigned:	10/31/2014	Date of Injury:	09/12/2012
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 Preventive Medicine; has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 54 year old with date of injury 9/12/2012. Medical records indicate the patient is undergoing treatment for cervical radiculopathy, neck pain, and concussion with no loss of consciousness. Subjective complaints include much more severe neck pain and headaches with no new injury. Headache so severe that patient cannot focus. Pain and numbness radiating to right upper extremity. Objective findings include normal mental status. Motor exam symmetric. Reflexes symmetric, but diminished, in biceps and triceps. Sensory diminished to touch in bilateral C5, C6, and C7 distribution. Gait and coordination normal. Cervical spine severe spasm diffusely. Very limited range of motion to cervical spine: extension 5 degrees, flexion 10 degrees, lateral rotation 10 degrees on each side. Treatment has consisted of meclizine, ketorolac, Celebrex, famotidine, hydrocodone/acetaminophen, ibuprofen, naproxen, Norco, omeprazole, tramadol, and Voltaren 1% gel. MRI of brain 4/17/13 was normal and patient complained of headaches at that time. CT of cervical spine 9/12/12 was normal, as was CT of head on same date. The utilization review determination was rendered on 10/15/14 recommending non-certification of MRI of Brain and MRI of 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 brain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Brain, MRI Up to date www.uptodate.com, headaches

Decision rationale: ODG states "Neuroimaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. (Cifu, 2009) See also Diffusion tensor imaging (DTI). Indications for magnetic resonance imaging:- To determine neurological deficits not explained by CT - To evaluate prolonged interval of disturbed consciousness- To define evidence of acute changes super-imposed on previous trauma or disease The treating physician does document worsening pain and headaches since previous imaging. Evidence based guidelines recommends neuroimaging for new onset severe headaches. The patient's neurological symptoms have changed since the last imaging was performed in 4/12/2013. As such, the request for MRI of the brain is medically necessary.

MRI of the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM states "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 and Clarification of the anatomy prior to an invasive procedure". ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging.... Indications for imaging -- MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit. The treating physician has documented in the visit note from 09/30/2014, "Reflexes are diminished in both biceps and triceps, but symmetric. Sensory diminished to touch in the bilateral C5, C6 and C7 distribution." The treating physician has met the guidelines above, as such, MRI of the cervical spine is medically necessary.

