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| Case Number: | CM15-0115541 | | |
| Date Assigned: | 06/23/2015 | Date of Injury: | 02/25/2015 |
| Decision Date: | 07/23/2015 | UR Denial Date: | 05/29/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 56 year old male, who sustained an industrial injury on February 25, 2015, incurring multiple injuries after a motor vehicle accident. He was diagnosed with a sternum fracture, multiple rib fractures, acute cervical strain, and right knee strain. Treatment included diagnostic imaging, muscle relaxants, anti-inflammatory drugs anxiety medications, anti-inflammatory drugs, pain medications, knee injections, physical therapy, and acupuncture. Currently, the injured worker complained of constant headaches, nausea, dizziness and loss of equilibrium, blurred vision, persistent neck pain radiating into the shoulders, arms, hands and fingers. He complained of constant low back pain radiating into his hips, right knee and feet with numbness and tingling. Cervical range of motion was noted as being restrictive. The treatment plan that was requested for authorization included a repeat Magnetic Resonance Imaging of the cervical spine and a new Magnetic Resonance Imaging of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested Repeat MRI of the cervical spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has constant headaches, nausea, dizziness and loss of equilibrium, blurred vision, persistent neck pain radiating into the shoulders, arms, hands and fingers. He complained of constant low back pain radiating into his hips, right knee and feet with numbness and tingling. Cervical range of motion was noted as being restrictive. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling s sign or deficits in dermatomal sensation, reflexes or muscle strength nor an acute clinical change since a previous imaging study. The criteria noted above not having been met. Repeat MRI of the cervical spine is not medically necessary.

New MRI of Right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: The requested New MRI of Right knee, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has constant headaches, nausea, dizziness and loss of equilibrium, blurred vision, persistent neck pain radiating into the shoulders, arms, hands and fingers. He complained of constant low back pain radiating into his hips, right knee and feet with numbness and tingling. Cervical range of motion was noted as being restrictive. The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement, not recent physical therapy trials for the affected joints. The criteria noted above not having been met. New MRI of Right knee is not medically necessary.

