MAXIMUS Federal Services

Case Number:	CM15-0120176		
Date Assigned:	06/30/2015	Date of Injury:	03/07/2015
Decision Date:	08/25/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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: Physical Medicine & Rehabilitation

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 62 year old female who sustained an industrial injury on 03/07/15. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies include unspecified x-rays. Current complaints include neck pain. Current diagnoses include left cervical and thoracic sprain/strain, and left cervical Radiculopathy. In a progress note dated 05/20/15 the treating provider reports the plan of care as additional physical therapy and an unspecified MRI. The injured worker is noted to be 65% improved and is reported to have not lost work time due to this injury. The requested treatments include MRIs and CT scans of the head and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the head: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter under MRI (magnetic resonance imaging).

Decision rationale: Based on the 05/20/15 progress report provided by treating physician, the patient presents with neck pain with numbness and tingling to right arm, rated 5/10. The patient is status post left shoulder decompression surgery 2007. The request is for MRI OF THE HEAD. Patient's diagnosis per Request for Authorization form dated 06/03/15 includes sprain of neck. Diagnosis on 05/20/15 included cervical Radiculopathy. Physical therapy notes dated 04/07/15 - 04/21/15 state diagnosis of headache. Physical examination to the cervical spine on 05/20/15 was unremarkable with no spasms or tenderness to palpation, and unrestricted range of motion. Negative compression and distraction tests. Sensation to light touch intact and no muscle weakness noted. Treatment to date has included shoulder and cervical X-rays, physical therapy, acupuncture and medications. Patient's medications include Meloxicam and Armour Thyroid tablet. The patient is advised to continue working without restrictions, per 05/20/15 report. Treatment reports provided from 04/30/15 - 05/20/15. ODG-TWC, Head Chapter under MRI (magnetic resonance imaging) states: "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." Treater has not provided reason for the request. ODG guidelines recommend MRI for neurological deficit not explained by CT. However, treater does not discuss any neurological findings to support the request other than headache. The patient has a history of head trauma, but does not present with any neurologic symptoms, or red flags. There are no discussions of unexplained neurological deficits, prolonged disturbed consciousness or the need to define evidence of acute changes per ODG criteria. In this case, the patient does not meet guideline requirements for an MRI of the head. Therefore, the request IS NOT medically necessary.

MRI of the neck: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter and under Magnetic resonance imaging (MRI).

Decision rationale: Based on the 05/20/15 progress report provided by treating physician, the patient presents with neck pain with numbness and tingling to right arm, rated 5/10. The patient is status post left shoulder decompression surgery 2007. The request is for MRI OF THE NECK. Patient's diagnosis per Request for Authorization form dated 06/03/15 includes sprain of neck. Diagnosis on 05/20/15 included cervical Radiculopathy. Physical therapy notes dated 04/07/15 - 04/21/15 state diagnosis of headache. Physical examination to the cervical spine on 05/20/15 was unremarkable with no spasms or tenderness to palpation, and unrestricted range of motion. Negative compression and distraction tests. Sensation to light touch intact and no muscle weakness noted. Treatment to date has included shoulder and cervical X-rays, physical therapy, acupuncture and medications. Patient's medications include Meloxicam and Armour Thyroid

tablet. The patient is advised to continue working without restrictions, per 05/20/15 report. Treatment reports provided from 04/30/15 - 05/20/15. ODG Guidelines, Neck and Upper Back (Acute & Chronic) Chapter and under Magnetic resonance imaging (MRI), have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with Radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. Treater has not provided reason for the request. The patient presents with neck pain, right arm symptoms and a diagnosis of cervical Radiculopathy. Guidelines support MRI of C-spine for neurologic signs or symptoms. There is no evidence of prior cervical MRI. Given the patient's continued radicular symptoms, an MRI of the cervical spine appears reasonable and consistent with the guidelines. Therefore, the request IS medically necessary.

CT scan of head: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter under CT (computed tomography).

Decision rationale: Based on the 05/20/15 progress report provided by treating physician, the patient presents with neck pain with numbness and tingling to right arm, rated 5/10. The patient is status post left shoulder decompression surgery 2007. The request is for CT SCAN OF HEAD. Patient's diagnosis per Request for Authorization form dated 06/03/15 includes sprain of neck. Diagnosis on 05/20/15 included cervical Radiculopathy. Physical therapy notes dated 04/07/15 - 04/21/15 state diagnosis of headache. Physical examination to the cervical spine on 05/20/15 was unremarkable with no spasms or tenderness to palpation, and unrestricted range of motion. Negative compression and distraction tests. Sensation to light touch intact and no muscle weakness noted. Treatment to date has included shoulder and cervical X-rays, physical therapy, acupuncture and medications. Patient's medications include Meloxicam and Armour Thyroid tablet. The patient is advised to continue working without restrictions, per 05/20/15 report. Treatment reports provided from 04/30/15 - 05/20/15. ODG-TWC, Head Chapter under CT (computed tomography) states: "Indications for computed tomography: CT scans are recommended for abnormal mental status, focal neurologic deficits, or acute seizure and should also be considered in the following situations: Signs of basilar skull fracture; Physical evidence of trauma above the clavicles; Acute traumatic seizure; Age greater than 60;An interval of disturbed consciousness; Pre-or post-event amnesia; Drug or alcohol intoxication; Any recent history of TBI, including mTBI. Also may be used to follow identified pathology or screen for late pathology. Subsequently, CT scans are generally accepted when there is suspected

intracranial blood, extra- axial blood, hydrocephalus, altered mental states, or a change in clinical condition, including development of new neurological symptoms or post-traumatic seizure (within the first days following trauma). MRI scans are generally recommended as opposed to CT once the initial acute stage has passed. (Colorado, 2005) Patients presenting to the emergency department with headache and abnormal findings in a neurologic examination (i.e., focal deficit, altered mental status, altered cognitive function) should undergo emergent non-contrast head computed tomography (CT) scan." (ACEP, 2002) Treater has not provided reason for the request. ODG guidelines recommend CT of the head for abnormal mental status, focal neurologic deficits, or acute seizure. However, treater does not discuss any neurological findings to support the request other than headache. The patient has a history of head trauma, but does not present with any neurologic symptoms, or red flags. There are no discussions of unexplained neurological deficits, prolonged disturbed consciousness or the need to define evidence of acute changes per ODG criteria. There is no mention of "suspected intracranial blood, extra-axial blood, hydrocephalus, altered mental states, or a change in clinical condition, including development of new neurological symptoms or post-traumatic seizure." In this case, the patient does not meet guideline requirements for a CT scan of the head. Therefore, the request IS NOT medically necessary.

CT scan of the 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, Head, Computerized Tomography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Neck and Upper Back (Acute & Chronic), chapter, CT (computed tomography).

Decision rationale: Based on the 05/20/15 progress report provided by treating physician, the patient presents with neck pain with numbness and tingling to right arm, rated 5/10. The patient is status post left shoulder decompression surgery 2007. The request is for CT SCAN OF THE NECK. Patient's diagnosis per Request for Authorization form dated 06/03/15 includes sprain of neck. Diagnosis on 05/20/15 included cervical Radiculopathy. Physical therapy notes dated 04/07/15 - 04/21/15 state diagnosis of headache. Physical examination to the cervical spine on 05/20/15 was unremarkable with no spasms or tenderness to palpation, and unrestricted range of motion. Negative compression and distraction tests. Sensation to light touch intact and no muscle weakness noted. Treatment to date has included shoulder and cervical X-rays, physical therapy, acupuncture and medications. Patient's medications include Meloxicam and Armour Thyroid tablet. The patient is advised to continue working without restrictions, per 05/20/15 report. Treatment reports provided from 04/30/15 - 05/20/15. ODG Guidelines, Low Back - Neck and Upper Back (Acute & Chronic), chapter, CT (computed tomography) states that for the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe

claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. Regarding CT scans checking for fusion status, while ODG guidelines does not directly discuss it under C-spine section, it is addressed under L-spine chapter, CT scan section stating, "Evaluate successful fusion if plain x-rays do not confirm fusion." Treater has not provided reason for the request. The patient presents with neck pain, right arm symptoms and a diagnosis of cervical Radiculopathy. Guidelines support MRI of C-spine for neurologic signs or symptoms; hence the associated request for MRI of the cervical spine has been recommended for certification. ODG states that "Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging." CT would be indicated "If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia." Treater has not discussed contraindications for MRI, nor discussed medical rationale for requesting CT scan. There is no indication surgery is being planned, either. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.