

Case Number:	CM15-0123209		
Date Assigned:	07/07/2015	Date of Injury:	02/24/2015
Decision Date:	08/06/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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: Preventive Medicine, Occupational 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 33 year old male, who sustained an industrial injury on 2/24/15. He reported head, neck and low back pain. The injured worker was diagnosed with an open scalp wound. Treatment to date has included medication, sutures and home exercise program. Currently, the injured worker complains of headaches that are constant and severe and feels like tingling. His neck pain is described as constant and dull and rated as moderate. The pain is exacerbated by looking up and turning his head. He has thoracic spine pain that is described as frequent and sharp and moderate in severity, it is exacerbated by standing and prolonged sitting. He also complains of low back pain described as sharp and frequent, and rated moderate in severity, it is also exacerbated by standing and prolonged sitting. The injured worker is diagnosed with cervical disc herniation without myelopathy, lumbar disc displacement without myelopathy, thoracic sprain/strain, post-concussion syndrome and headache, tension. His work status is return to work with modifications, but they could not be accommodated; therefore, the injured worker is currently not working. A note dated 6/1/15 states the injured worker is experiencing difficulties standing, pushing and pulling. He experiences difficulties with activities of daily living. It is also noted the injured worker is experiencing difficulties with sleep. An examination on the same date reveals tenderness with palpation in the cervical, thoracic and lumbar spine. There is a decreased range of motion in the cervical and lumbar spine, decreased right triceps reflex, a cervical spine 3D MRI is requested as the injured worker shows signs of pain, restricted active range of motion, decreased deep tendon reflexes and headaches after trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) 3D (three dimensional) imaging of the cervical spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Head, MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178, 182.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. MRI (Magnetic Resonance Imaging) 3D (three-dimensional) imaging of the cervical spine is not medically necessary.