MAXIMUS Federal Services

Case Number:	CM15-0171603		
Date Assigned:	09/11/2015	Date of Injury:	04/29/2015
Decision Date:	10/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old male, who sustained an industrial-work injury on 4-29-15. He reported initial complaints of pain with scalp-head injury along with neck and back. The injured worker was diagnosed as having chronic traumatic brain injury, cervical vertebral fracture, post traumatic pain syndrome, blurred vision, hearing loss in right ear, and lumbar disc displacement. Treatment to date has included medication, diagnostics, minor surgery (stitches to head laceration), and acupuncture. CT scan reports were reported on 4-29-15 that reported no acute intracranial pathology and right frontoparietal subgaleal scalp hematoma. X-rays were reported vertebral fracture when done after the accident. Currently, the injured worker complains of constant head pain associated with headaches and neck pain that was described as moderate to severe and rated 8 out of 10. Pain was aggravated by pushing and pulling activities and moderate to severe sleep difficulties. The back pain is constant with radiation to the hip on the right side and rated 7 out of 10 and aggravated with activity. Per the initial pain management evaluation on 8-10-15, exam noted decreased cervical range of motion with normal reflexes and strength, no neurological deficits. Spasm was present and straight leg raise was positive on the right leg. Current plan of care includes EMG (electromyography), acupuncture, MRI (magnetic resonance imaging) of the cervical spine, lumbar spine, and brain, ENT and ophthalmologist consults, and medication. The Request for Authorization date was 8-10-15 and requested service included MRI of the cervical spine. The Utilization Review on 8-26-15 denied the request for MRI for lack of symptom or reasons for the specific testing, per CA MTUS (California Medical

Treatment Utilization Schedule) ACOEM (American College of Occupational and Environmental Medicine) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. 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 with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's diagnoses are traumatic brain injury; cervical vertebra fracture; posttraumatic myofascial pain syndrome; blurred vision; decreased hearing right here; cervical disc displacement; lumbar disc displacement; cervical and lumbar radiculopathy; cervical and lumbar sprain strain. Date of injury is April 29, 2015. Request for authorization is August 17, 2015. According to an August 10, 2015 initial pain management evaluation, subjective complaints include ongoing neck and back pain and head pain area injured worker sustained a vertebral fracture of the spinous process at C3 (CT C- spine). According to the emergency department evaluation, no treatment was indicated. Objectively, cervical spine examination did not show tenderness palpation, but there was decreased range of motion. Motor examination was unremarkable. There was no neurologic deficit at the cervical spine upper extremities. There were no unequivocal objective findings that identify a specific nerve compromise on neurologic examination. Based on the clinical information medical record, peer-reviewed evidence-based guidelines, no neurologic deficit on physical examination and no unequivocal objective findings that identify a specific nerve compromise, MRI cervical spine is not medically necessary.