

Case Number:	CM15-0022115		
Date Assigned:	02/11/2015	Date of Injury:	07/05/2014
Decision Date:	06/22/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43 year old male who sustained an industrial injury on 07/05/14. Initial complaints include right hip and pain. Initial diagnoses include concussion with amnesia, right hip fracture/dislocation with multiple fractures, multiple contusions to the lower anterior chest and epigastrium, right facial and scalp abrasions and superficial lacerations, and extensive lacerations/abrasions/contusions to the extremities. Treatments to date include surgery to the right hip and physical therapy. Diagnostic studies include multiple x-rays and MRI scans. Current complaints include continued pain in the neck, low back, right hip, and bilateral hands. Current diagnoses include fracture right acetabulum, right knee strain/strain, cervical and lumbar strain/sprain, bilateral elbow strain/sprain, bilateral wrist/hand strain/sprain, left index trigger finger, left shoulder strain/sprain, and cerebral concussion with cephalgia. In a progress note dated 11/24/14 the treating provider reports the plan of care as electro diagnostic and nerve conduction studies of the bilateral upper and lower extremities, MRI of the left hand, CT scan of the right hip, and physical therapy to the cervical and lumbar spines, left shoulder and arm, right hip, and bilateral hands. The requested treatment includes a cervical spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Magnetic resonance imaging (MRI).

Decision rationale: Cervical MRI is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The ODG states that an MRI can be ordered with progressive neurologic deficits and radiographs revealing spondylosis, equivocal or positive findings, or trauma or if the patient has chronic neck pain and the radiographs reveal disc margin destruction. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro compression, recurrent disc herniation). The documentation reveals that the patient had a CT of the spine in July of 2014. The recent documentation does not reveal progressive significant neurological deficits or significant change.