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| Case Number: | CM16-0224814 | | |
| Date Assigned: | 11/30/2016 | Date of Injury: | 10/11/2016 |
| Decision Date: | 01/06/2017 | UR Denial Date: | 11/04/2016 |
| Priority: | Standard | Application Received: | 11/21/2016 |

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: Family Practice

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 32 year old female with an industrial injury date of 10-11-2016. Medical record review indicates the injured worker is being treated for contusion of face, scalp and neck and acute cervical sprain. The injured worker presented on 10-28-2016 with complaints of neck pain described as severe and dull. The injured worker reported symptoms had been present for 17 days, symptoms were intermittent and exacerbated by motion. She denied any pain, numbness, tingling or weakness of her arms. She also reported right side face pain described as dull, moderately severe and extremely severe. Symptoms had been present for 17 days and were constant and exacerbated by palpation and movement. Work status is return to work with restrictions as of 10-28-2016 with limited overhead work, limited lift, limited push and limited pull up to 10 pounds. The injured worker received a Ketorolac injection at the 10-28-2016 visit. Prior treatment included chirotherapy from a private source. Physical therapy appointments were scheduled on the last visit but the injured worker did not go to the appointment. Physical exam noted visual acuity and peripheral vision were grossly intact. Pupils were equal and reactive to light and accommodation. Neck exam revealed no muscle tenderness of sternocleidomastoid. There were no spasms in the paracervical, sternocleidomastoid and trapezius muscles. Cervical compression test was negative. The injured worker refused range of motion due to severe pain. On 11-04-2016 the request for cervical spine magnetic resonance imaging without contrast was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI without contrast: 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 rationale: Per the MTUS guidelines, criteria for ordering magnetic resonance imaging of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the medical records do not establish clinical signs consistent with a focal neurologic deficit in a dermatomal or myotomal pattern to cause concern for cervical radiculopathy. Without evidence of cervical nerve root compromise or other red flag findings, proceeding with cervical spine magnetic resonance imaging is not indicated. The request for Cervical spine MRI (magnetic resonance imaging) without contrast is not medically necessary and appropriate.