

Case Number:	CM13-0019220		
Date Assigned:	11/08/2013	Date of Injury:	03/29/2013
Decision Date:	09/29/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 37-year-old female with a reported injury on 03/29/2013. She has had ongoing problems with short-term memory and language. The injured worker's diagnoses included injury to face and neck, concussion, fractured nasal bone closed, and stress disorder post traumatic. The injured worker did have previous treatments of therapy. The efficacy of that therapy was not provided. The injured worker had a CT scan of the brain on 03/29/2013 and also an MRI of the brain on 05/14/2013. It was reported that the results were unremarkable, although the reports were not available for viewing. The injured worker had an examination on 04/24/2014 in regards to her cervical spine complaints. She reported that she had physical therapy that failed to improve her symptoms. She had an MRI of the cervical spine in 12/2013 that demonstrated a left C6-7 disc herniation. She had a cervical injection which failed to improve her symptoms. She also had a course of acupuncture and chiropractic therapy that was of some benefit. She complained of headaches. She experienced neck pain with bilateral numbness and tingling in the upper extremities. Upon examination of her cervical spine, there was no tenderness upon palpation. The range of motion revealed full flexion and extension, although the extension was painful. The rotation to the right was limited and painful, and the rotation to the left was limited. There were no motor deficits noted, but her strength in all bilateral extremities were 5/5. Sensation was intact bilaterally in all dermatomal distributions. The Hoffman's reflex test was negative bilaterally. The Spurling's test was negative, and the Hawkin's and impingement tests were both negative as well. The list of medications included sumatriptan, sertraline, Norco, trazodone, propranolol, promethazine, and bupropion. The recommended plan of treatment was for her to continue to see her neurologist and to pursue nonoperative care. There was no mention on this examination of an MRI of the brain or cervical

spine, and no mention of labs. The Request for Authorization was not provided. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE BRAIN.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for an MRI FOR THE BRAIN is not medically necessary. The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines recommend an MRI to determine neurological deficits not explained by a CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes superimposed on previous trauma or disease. There was a lack of evidence in the examination of neurological deficits. There have not been any intervals of disturbed consciousness. The injured worker has not had any acute changes superimposed on the previous trauma or disease. The injured worker had a CT scan of the brain on 03/29/2013 that was unremarkable. She also had an MRI of the brain on 05/14/2013 that was also unremarkable. There is a lack of evidence to support the medical necessity of an MRI of the brain without further assessment and evaluation. The clinical information fails to meet the evidence based guidelines for this request. Therefore, the request for an MRI FOR THE BRAIN is not medically necessary.

MRI FOR CERVICAL SPINE WITHOUT CONTRAST.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, MRI.

Decision rationale: The request for an MRI FOR CERVICAL SPINE WITHOUT CONTRAST is not medically necessary. The California ACOEM Guidelines recommend that if there is evidence that indicates cervical disc annular tears or there is physiologic evidence that indicates tissue insult or nerve impairment, an MRI may be considered. The Official Disability Guidelines recommend an MRI for chronic pain after 3 months of conservative treatment where radiographs are normal and neurological signs or symptoms are present. They also recommend an MRI if the neck pain is with radiculopathy and if there are progressive neurological deficits. There is a lack of evidence of neurological signs and deficits. The injured worker did have an MRI of the cervical spine in 12/2013, which was unremarkable. There is a lack of evidence to support the medical necessity of a second MRI to the cervical spine with contrast. The clinical information

fails to meet the evidence based guidelines for the request. Therefore, the request for an MRI FOR CERVICAL SPINE WITHOUT CONTRAST is not medically necessary.

LABS; BASIC METABOLIC PANEL (BMP), COMPLETE BLOOD PICTURE (CBC), HEMOGLOBIN A1C, THYROID STIMULATING HORMONE (TSH), METHYLMALONIC ACID, VITAMINE D AND ANTI NUCLEAR ANTIBODIES (ANA) SCREEN WITH REFLEX AUTOIMMUNE PANEL.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://labtestsonline.org/understanding/analytes/ana/Search><http://labtestsonline.org/understanding/analytes/ana/SearchForm?Search=reflux+autoimmune+panelForm?Search=reflux+autoimmune+panel>.

Decision rationale: The request for LABS; BASIC METABOLIC PANEL (BMP), COMPLETE BLOOD PICTURE (CBC), HEMOGLOBIN A1C, THYROID STIMULATING HORMONE (TSH), METHYLMALONIC ACID, VITAMINE D AND ANTI NUCLEAR ANTIBODIES (ANA) SCREEN WITH REFLEX AUTOIMMUNE PANEL is not medically necessary. The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines do not address this request. Labtestsonline.org states that the basic metabolic panel is to help healthcare providers find out information regarding the injured worker's kidneys, glucose level, and electrolytes and acid balance. The complete blood count helps to diagnose various conditions such as anemia, infection, inflammation, bleeding disorders or leukemia. A hemoglobin A1C is used to check for diabetes. A thyroid stimulating hormone is to check and monitor for the stimulation of the thyroid levels. A methylmalonic acid test is used to diagnose a vitamin B12 deficiency. A vitamin D blood level is used to check for vitamin D deficiencies. An ANA test is used to test for an autoimmune disorder. The reflex autoimmune panel is used to diagnose a disease that affects the skin, blood vessels, lungs, gastrointestinal tract, kidneys, heart, and the musculoskeletal tissues. There is a lack of evidence to support the medical necessity of these lab tests without further evaluation and assessment. The request for LABS; BASIC METABOLIC PANEL (BMP), COMPLETE BLOOD PICTURE (CBC), HEMOGLOBIN A1C, THYROID STIMULATING HORMONE (TSH), METHYLMALONIC ACID, VITAMINE D AND ANTI NUCLEAR ANTIBODIES (ANA) SCREEN WITH REFLEX AUTOIMMUNE PANEL is not medically necessary.

BUSPAR 15MG, ONE TABLET TWICE A DAY.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medications, anxiety medications in chronic pain.

Decision rationale: The request for BUSPAR 15MG, ONE TABLET TWICE A DAY is not medically necessary. The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines recommend antianxiety medications to control anxiety. Buspar is approved for short-term relief of anxiety symptoms. There was a lack of evidence of anxiety symptoms provided upon examination. There was not a psychological evaluation that was provided for review. There is a lack of evidence of medical necessity of this medication. Furthermore, it is unknown as to how long the injured worker has been on this medication. The duration of this medication was not provided in the request. The clinical information fails to meet the evidence based guidelines for this request. Therefore, the request for BUSPAR 15MG, ONE TABLET TWICE A DAY is not medically necessary.