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| <b>Case Number:</b>   | CM13-0027261 |                              |            |
| <b>Date Assigned:</b> | 05/30/2014   | <b>Date of Injury:</b>       | 06/20/2012 |
| <b>Decision Date:</b> | 12/22/2014   | <b>UR Denial Date:</b>       | 09/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/30/2013 |

### 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 Occupational medicine and is licensed to practice in Colorado. 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:

On August 8, 2013 the injured worker complained of persistent neck pain radiating to the upper extremities with numbness and tingling. There was increased pain with motion. There was a severe and chronic headaches reported. The worker was waiting to see a neurologist at that point in time and there was a previous recommendation for an magnetic resonance imaging (MRI) scan of the brain. There were unchanged symptoms in the right shoulder, lumbar spine, and bilateral knees. Examination findings included cervical spine tenderness, trapezius muscle spasm, positive axial load compression and Spurling's maneuver, restricted cervical range of motion, and dysesthesia in his C6 and C7 dermatomes. There was tenderness at the right shoulder subacromial space and acromioclavicular joint with positive impingement. There was tenderness of the paravertebral lumbar spine muscles with spasm with a positive seated nerve root test. There were dysesthesias at the L5-S1 dermatomes. There was tenderness of the knees at the anterior joint line, a positive Murray sign and a positive patellar compression test. There is documentation that the worker was waiting to see the neurologist for headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF 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), TWC Head Procedure Summary

**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: MCG (Milliman Care Guideline) Brain MRI ACG: A-0047 (AC)

**Decision rationale:** The available records do not specifically describe the worker's headaches in terms of characterization, severity, duration, or additional associated symptomology. There is no description of a traumatic injury. There is no data regarding prior brain MRI scan diagnostic imagery studies, such as MRI scan. There is no data regarding potential associated neurologic symptomatology suggesting intrinsic brain disorder. The MTUS does not provide medical necessity criteria for brain MRI scan. An alternate guideline is utilized as provided above. For headache, the medical necessity criteria for brain MRI scan, as listed in the MCG (Milliman Care Guidelines), is the following: For headaches, brain neuroimaging is indicated for those associated with concerning signs or symptoms, including an increase in frequency or severity, description as the worst headache of the patient's life (eg, "thunderclap" headache), fever and meningeal signs, motor or sensory aura, and abnormal findings on neurologic examination. The available medical record information does not contain data that provides any of the potential listed indications for brain MRI scan for headache complaints either directly or indirectly. The request for brain MRI scan is not considered medically necessary or appropriate.