MAXIMUS Federal Services

Case Number:	CM13-0028105		
Date Assigned:	06/06/2014	Date of Injury:	10/22/1982
Decision Date:	07/14/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 62 year old female who reported an injury on October 22, 1982 due to an unknown mechanism of injury. On September 13, 2013 she reported chronic neck, head and low back pain rated at a 7-9/10. A physical exam revealed vision loss, eye pain, light sensitivity, and a positive sitting straight leg raise bilaterally. She was noted to have undergone an MRI, computed tomography (CT) myelogram and x-ray studies. Past treatments included nerve blocks/ injections, epidural steroids, chiropractor, narcotic pain medication, physical therapy, transcutaneous electrical nerve stimulation, acupuncture, group therapy, and psychiatrist/ psychologist biofeedback. Her medications included Morphine sulfate 15 mg, Estradiol 1mg, Provera 2.5 mg, Seroquel 50mg, Lexapro 20mg, and valium 10mg. The treatment plan was for a brain and cervical MRI. The request for authorization was included and signed on September 10, 2013. The rationale was not given.

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: The Claims Administrator did not cite any medical evidence for its decision.

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), Upper back and neck, MRI.

Decision rationale: The request for an MRI of the cervical spine is non-certified. It was noted in the documentation provided that the injured worker had previously had an MRI. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause. The Official Disability Guidelines states that a 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). There is a lack of documentation regarding any new symptoms or findings to warrant the need for an MRI. In addition, there was a lack of progressive neurological deficits on physical examination to warrant an MRI study. Therefore, the request is not medically necessary.

BRAIN MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: It was noted in the documentation provided that the injured worker reported having blurred vision, eye pain, vision loss, and light sensitivity. She also denied neurological complaints of paralysis, seizures, syncope, tremors, and vertigo. The Official Disability Guidelines states that indications for an MRI include determining neurological deficits not explained by a CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super imposed on previous trauma or disease. In the documentation provided, there were no reports of trauma to the head, disturbed consciousness, or neurological deficits. It was noted that the injured worker had undergone a CT scan. However, the reason for the CT and results were not provided for review. There is a lack of documentation which would warrant an MRI of the brain. Therefore, the request for an MRI of the brain is not medically necessary.