

Case Number:	CM13-0031080		
Date Assigned:	12/04/2013	Date of Injury:	06/15/2006
Decision Date:	05/30/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 Illinois. 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 51-year-old female who reported an injury on 6/16/06. The mechanism of injury was not provided for review. Current diagnoses include cervical spine multilevel discopathy, right shoulder pain, right lateral epicondylitis, status post carpal tunnel release, insomnia, and gastritis. The injured worker was evaluated on 9/18/13. The injured worker reported progressively worsening gastritis. Physical examination was not provided. Treatment recommendations included authorization for a brain MRI and an internal medicine consultation.

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).

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

Decision rationale: The Official Disability Guidelines recommend magnetic resonance imaging to determine neurological deficits not explained by a CT scan, to evaluate prolonged intervals of disturbed consciousness, or to define evidence of an acute change superimposed on previous trauma or disease. The injured worker does not appear to meet criteria for the requested

procedure. There is no evidence of prolonged intervals of disturbed consciousness or neurological deficits. There was no documentation of a CT scan obtained prior to the request for an MRI. As such, the request is not medically necessary.