

<b>Case Number:</b>	CM13-0039032		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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:

This is a patient with a date of injury of 6/10/09. A utilization review determination dated 9/3/13 recommends non-certification of MRI of the brain. 10/2/13 appeal letter identifies trauma to the right side of the chest wall. There are complaints of intermittent numbness in the face for approximately 8 months, which lasts 2-3 days and occurs 3-4 times per month. There is increased predominance of this numbness when he sleeps or moves and turns his head to the left or right. He was reported to currently have unilateral facial numbness not involving the ears or top of the head and frequently has intermittent numbness involving both sides of the lips both at the superior and inferior aspects. When he utilized a cane, light touch of the hand can sometimes cause electrical shock like pain briefly radiating proximally into the hand and upper arm, and sometimes into the face bilaterally. The patient also reports intermittent blurred vision primarily when turning his head to the left and right. He feels that when he looks at letters, things are sometimes superimposed. On exam, there appeared to be a slight limitation in left eye abduction with no evidence of significant exotropia. Diplopia was reported on lateral gaze to the left and no monocular vision testing. MRI of the brain was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING (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 Non-MTUS Citation: ODG 2013 Head Guidelines: MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG) Head Chapter, CT (computed tomography) and MRI (magnetic resonance imaging).

**Decision rationale:** Regarding the request for magnetic resonance imaging (MRI) of the brain, California MTUS does not address the issue. ODG cites that CT is indicated for focal neurologic deficits and MRI is indicated to determine neurological deficits not explained by CT. Within the documentation available for review, there is documentation of some neurologic deficits, but no clear rationale for the use of MRI initially instead of CT has been presented. In light of the above issues, the currently requested magnetic resonance imaging (MRI) of the brain is not medically necessary.