

<b>Case Number:</b>	CM13-0047133		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/15/2009
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 66-year-old male who reported an injury on 09/15/2009. The patient was reportedly wrapping a belt onto an 80 pound drawer when the belt snapped and he noted right shoulder pain. The patient is diagnosed as status post right shoulder arthroscopy, cervicogenic headaches, status post right carpal tunnel release and insomnia. The patient was seen by [REDACTED] on 09/30/2013. The patient reported ongoing headaches. Physical examination revealed tenderness and spasm about the right trapezius, restricted cervical range of motion, normal cranial nerve examination, weakness in the right upper extremity, and normal coordination, treatment recommendations included an MRI of the brain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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) Head Chapter.

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

**Decision rationale:** Official Disability Guidelines state MRI is indicated to determine neurological deficits not explained by a CT scan, to evaluate prolonged interval of disturbed consciousness, or to define evidence of acute changes superimposed on previous trauma or disease. As per the documentation submitted, the patient's industrial injury involved the right shoulder. The relation of cervicogenic headaches to the industrial injury has not been established. Additionally, the patient's cranial nerve examination, mental status examination, and coordination on the requesting date of 09/30/2013 were within normal limits. There is no documentation of prolonged intervals of disturbed consciousness or acute changes superimposed on previous trauma or disease. There is also no evidence of a CT scan obtained prior to the request for an MRI. The medical necessity for the requested procedure has not been established. Therefore, the request is non-certified.