MAXIMUS Federal Services

Case Number:	CM13-0051718		
Date Assigned:	02/21/2014	Date of Injury:	06/10/2009
Decision Date:	04/30/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/14/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseasses 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:

The patient is a 35-year-old male who reported an injury on 06/10/2009. The injury reportedly occurred when the patient was kicked in the right side of his rib cage by another coworker with whom he had a conflict. His diagnoses included multilevel disc herniation at C5-6 and C6-7 causing mild cervical stenosis; L5-S1 lumbar degenerative disc disease with mild neural foraminal stenosis and possible bilateral lumbar radiculitis; suspected bilateral cervical radiculitis; psychological overlay; reactive depression/anxiety; facial numbness of unclear etiology; and intermittent diplopia with possible left eye abduction impairment. His symptoms were noted to include chronic back pain, headaches, and neck pain. The patient also began to experience symptoms of numbness intermittently in his face, which he indicated lasts 2 to 3 days 3 to 4 times per month. He was also noted to report intermittent blurred vision when he turns his head to the left or right. The patient had a normal MRI of the brain on 10/21/2013, a normal neurological examination on 07/26/2013, and a cervical MRI performed on 03/15/2013 that demonstrated some disc desiccation and annular bulging, as well as bilateral foraminal encroachment at the C6-7 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE ANGIOGRAPHY (MRA) NECK VACULATURE: 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, MRA (magnetic resonance angiography); ACR Appropriateness Criteria, Cerebrovascular Disease, pg. 12.

Decision rationale: According to the Official Disability Guidelines, cerebral angiography has a role in demonstrating and managing traumatic vascular injury such as pseudoaneurysm, dissection, or diagnosis and neurointerventional treatment of uncontrolled hemorrhage. More specifically, the ACR appropriateness criteria indicate that for suspected cerebrovascular disease, duplex ultrasound (US), computed tomography angiography (CTA), magnetic resonance angiography (MRA), and time resolved contrast enhanced MRA (CE-MRA) are all high for internal carotid artery stenosis. However, only US appears to offer cost-effective initial screening for suspected cerebrovascular disease. The clinical information submitted for review indicates that the patient has neurologic symptoms presenting as facial numbness as well as vision changes despite a negative brain MRA, cervical MRI, and electrodiagnostic studies, as well as a neurological examination. Therefore, it was suggested that he have an MRI of the neck to assess for neck vessel pathology which may contribute to potential cerebrovascular stenotic symptoms. However, as the ACR criteria indicate that the MRA would be a second line diagnostic tool after an ultrasound, which has been found to the appropriate initial test, in the absence of ultrasound results, the request is not supported. As such, the request for MRA NECK VACULATURE is non-certified.