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| Case Number: | CM13-0054070 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 09/13/2003 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/07/2013 |

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 61-year-old female who reported an injury on 09/13/2003. The mechanism of injury was not provided for review. The injured worker was evaluated on 11/11/2013. It was documented that the injured worker complained of shortness of breath and abdominal and chest pain. It was also noted that the injured worker had increased pain complaints of the temporomandibular joint and cervical spine. Physical findings included blood pressure of 165/108 mmHg, significant weight loss, and severe distress due to right arm pain. It was noted that the injured worker had tenderness to palpation of the temporomandibular joint (TMJ), craniocervical region. The injured worker's diagnoses included cephalgia, TMJ pain, possible reflex sympathetic dystrophy of the right arm, carpal tunnel syndrome, and cervical discopathy with radiculopathy, diabetes mellitus, emotional stress, sleep disturbance, and cognitive impairment. The injured worker's treatment recommendations included MRI of the TMJ and facial structures due to ongoing pain complaints, an MRI of the abdomen secondary to diarrhea and abdominal pain, and continued use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ABDOMINAL MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedLine Plus - nih.gov website.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Practice Guideline for the Performance of Magnetic Resonance Imaging (MRI) of the Liver Res. 14 - 2010.

Decision rationale: The requested abdominal MRI is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has continued abdominal pain with diarrhea and discomfort. The American College of Radiology recommends abdominal MRIs to diagnose and evaluate causes of abdominal pain. However, the clinical documentation submitted for review does not provide a treatment history of conservative treatment for the injured worker's complaints. Additionally, there was not an adequate assessment of the injured worker's abdomen to support significant abnormalities that would require diagnostic imaging. As such, the requested MRI of the abdomen is not medically necessary or appropriate.

MRI SCANS (3.0 TESLA MACHINE) OF BOTH TEMPOROMANDIBULAR JOINT (TMJ) AND FACIAL STRUCTURES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Essentials of Physical Medicine and Rehabilitation, 1st edition, chapter 9: TMJ Disorders, Diagnostic Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR-ASNR-SPR Practice Guideline for the Performance of Magnetic Resonance Imaging (MRI) of the Head and Neck Res. 19 - 2012.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), and Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, do not address this clinical situation. The American College of Radiology recommend MRIs of the cervical spine and head to diagnose and assess persistent pain and x-rays provide inconsistent results. The clinical documentation does indicate that the injured worker has temporomandibular joint pain. However, there is no evidence of mechanical symptoms of the joint and there is no documentation of previous x-rays. As such, the requested MRI scans of the temporomandibular joint and facial structures are not medically necessary or appropriate.

CT SCAN OF THE CHEST: 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) Pulmonary Chapter, CT (computed tomography).

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

Decision rationale: The Official Disability Guidelines recommend a CT chest scan as a diagnostic study where there is significant objective findings for red flag conditions to include lung cancer and bronchiectasis. The clinical documentation does indicate that the injured worker complains of intermittent shortness of breath and chest pain. However, there are no quantifiable objective findings to support the need for this diagnostic study. The injured worker does have elevated blood pressure. However, the injured worker's response to consistent treatment is not documented. As such, the requested CT scan of the chest is not medically necessary or appropriate.