

Case Number:	CM13-0070795		
Date Assigned:	01/08/2014	Date of Injury:	08/23/2007
Decision Date:	06/05/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/26/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 60 year old female who reported a continuous lifting injury to her lumbar spine on 02/23/2007. An official MRI dated 10/22/2013 reported moderate foraminal stenosis at C5-T1, central stenosis at C5-C7, and multiple lacunar infarcts within the posterior fossa. The same impression recommended a dedicated imaging study of the brain, only if it was clinically indicated. Within the clinical note dated 10/22/2013 the physician reviewed the imaging studies done and documented the treatment plan indicating their options. However, there was not an adequate physical exam completed; the most recent exam submitted with a physical exam was from 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE ANGIOGRAPHY (MRA) OF THE HEAD WITH AND WITHOUT CONTRAST: 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 ODG, Head Chapter MRA

Decision rationale: The Official Disability Guidelines recommend MRAs for closed head injury, rule out carotid or vertebral artery dissection, penetrating injury, stable, neurologically intact, minor or mild acute closed head injury, focal neurologic deficit and/or risk factors. There was a lack of documentation indicating the injured worker has had a stroke as it was unclear the last time she had a thorough physical exam to assess for stroke. The requesting physicians rationale for the request was unclear. Hence, the request is not medically necessary.

MRA OF THE NECK WITH DYE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter, MRA

Decision rationale: The Official Disability Guidelines recommend MRAs for closed head injury, rule out carotid or vertebral artery dissection, penetrating injury, stable, neurologically intact, minor or mild acute closed head injury, focal neurologic deficit and/or risk factors. There was a lack of documentation indicating the injured worker has had a stroke as it was unclear the last time she had a thorough physical exam to assess for stroke. The requesting physicians rationale for the request was unclear. Hence, the request is not medically necessary.