

<b>Case Number:</b>	CM14-0007110		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/02/2004
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, 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 65-year-old male with a 3/2/04 date of injury from a thalamic stroke while at work which resulted in imbalance and right sided hemiparesis. He has had ongoing pain on the right side as well. The patient complained of worsening diffuse pain on 11/11/13 but there were changes in the quality of his pain. He was on gabapentin and Lyrica, which had relieved his pain but stated they no longer worked to control his pain. He was seen on 12/12/13 and stated his right leg pain was worsening. He complained of entire right-sided pain, 7-8/10. He has ongoing complaints of dizziness, balance, and an inability to control and feel the right side of his body. Exam findings revealed marked ataxia of the right side of the body with spastic gait. He could not perform heel toe or tandem gait. Romberg sign was positive. Sensation was decreased on the right side of the body. The patient was also noted to have thalamic hand (flexed digit's). The patient's blood pressure was noted to be within normal limits (120/80). Also of note the patient discontinued his Aspirin and statin over frustration of taking so many medications. The patient is also noted to have renal insufficiency with a creatinine of 1.8 and had a bout of hyperkalemia to 5.6. Treatment to date: medications, A UR decision dated 1/10/14 denied the request given the patient had no change in the quality of his right leg pain, he only had changes with regard to severity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE BRAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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, MRI.

**Decision rationale:** CA MTUS does not address this issue. ODG indications for brain MRI include to determine neurological deficits not explained by CT; to evaluate prolonged interval of disturbed consciousness; or to define evidence of acute changes super-imposed on previous trauma or disease. The patient's initial MRI was not made available for review, nor is there sufficient documentation to compare the patient's recent exam findings to older ones to assess for any new neurological deficits. The patient's pain quality was not noted to change. In addition, the patient has not yet had a head CT to rule out stroke or space occupying lesions. The request for a brain MRI was not medically necessary.