

Case Number:	CM14-0115854		
Date Assigned:	08/04/2014	Date of Injury:	05/11/2011
Decision Date:	10/02/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/22/2014

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 Emergency 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 53 year old female who reported an injury on 05/11/2011 due falling back and fainting from a head injury. The injured worker complained of her neck, back, and right shoulder hurting. The injured worker had a diagnosis of lower back pain, neck pain, and bilateral arm pain. The diagnostics included a CT scan and an MRI. The MRI of the brain without contrast dated 05/31/2011 was within normal limits. The past treatments included physical therapy, injections, and medication. The medications included hydrocodone, Zanaflex, and omeprazole, with a reported pain of 10/10 using the VAS. The physical examination dated 03/19/2014 of the cervical spine revealed no evidence of scoliosis, kyphosis, or loss of normal cervical lordotic curve. Decreased tenderness posteriorly with focal spasms noted. The cervical compression test, Spurling's test, and distraction test were normal. No pain on the extremes of motion. No cervical adenopathy. The range of motion limited with flexion 40 degrees and extension 50 degrees. The lateral bending was within normal limits. The treatment plan included MRI of the head. The request for authorization dated 08/04/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the head: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Head, MRI (magnetic resonance imaging)

Decision rationale: The California MTUS/ACOEM recommends MRI's as indicated below. To determine neurological deficits not explained by CT scan. To evaluate prolonged interval of disturbed consciousness or to define evidence of acute changes super-imposed on previous trauma or disease. The clinical notes indicated that the injured worker had had an MRI of the head; that revealed normal findings. The examination did not reveal any new or special circumstances that warrant another MRI of the head. The injured worker did not complain of headaches. As such, the request for 1 MRI of the Head is not medically necessary.