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| Case Number: | CM14-0116124 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 11/08/2013 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

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 47-year-old male who reported an injury on 11/08/2013. The mechanism of injury was not provided. On 06/03/2014, the injured worker presented with low back and right leg complaints. Upon examination of the lumbar spine, there was paraspinal tenderness and muscle spasm with guarding. There was decreased range of motion and 4/5 strength. There was decreased sensation to the L4-5 dermatome on the right. The diagnoses were cervical strain, lumbar strain with right lower extremity radiculopathy, right knee internal derangement and head injury. Prior therapy included medications. The provider recommended an MRI of the head. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guidelines (head)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, MRI.

Decision rationale: The request for an MRI of the head is not medically necessary. The California MTUS recommend an MRI for injured workers to determine neurological deficits not explained by a CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes superimposed on previous trauma or disease. There is lack of physical exam findings related to the head to warrant the need for an MRI. Additionally, there is lack of documentation on when the last MRI or CT was provided for the injured worker. As such, medical necessity has not been established.