

Case Number:	CM14-0136198		
Date Assigned:	09/03/2014	Date of Injury:	06/29/2013
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 28 year-old female was reportedly injured on 6/29/2013. The mechanism of injury is noted as falling onto stairs while carrying a bucket of towels. The most recent progress note dated 9/1/2014, indicates that there are ongoing complaints of numbness in her tongue and legs as well as neck, mid back and low back pain. Physical examination demonstrated decreased sensation in the posterior left leg, with altered sensation in the anterior-lateral left leg and posterior right leg; deep tendon reflexes: left patellar 1+, otherwise 2+ in the upper and lower extremities; Hoffman's negative; no clonus or increased tone; motor strength 5 -/5 in the upper extremities, 5 -/5 in the left lower extremity except left hip and knee flexion 4+/5, and 5/5 in right lower extremity; tenderness of cervical, lumbar and upper trapezius muscles; limited cervical and lumbar spine range of motion; positive Spurling's sign; positive straight leg raise bilaterally; with stiff gait. MRI of the brain and cervical spine dated 6/16/2014 demonstrated numerous scattered lesions in the cerebral hemispheres, midbrain and medulla, highly suspicious for demyelinating disease such as MS; the radiologists recommended MRI of the brain and cervical spine with IV contrast. Electrodiagnostic studies of the lower extremities dated 3/20/2014 were normal. An MRI of the lumbar spine dated 12/26/2013 demonstrated two 3-4 mm broad-based disk bulges with annular tears and facet arthropathy at L4-L5 and L5-S1. Previous treatment includes epidural steroid injections, physical therapy and medications. A request had been made for MRI of the brain with IV contrast, MRI the cervical spine with IV contrast, and MRI the thoracic spine with IV contrast, which was not certified in the utilization review on 8/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the brain with IV contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines European handbook of neurological management. 2nd ed. Vol. 1. Oxford (UK): Wiley-Blackwell; 2011.p. 35-51 [176 references]National Guideline Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines: Head; MRI (magnetic resonance imaging) - (updated 08/11/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address MRI of the head or brain. ODG supports MRI of the brain for intracranial pathology, except for bone injuries such as fractures. Review of the available medical records and MRI of the brain dated 6/16/2014 demonstrated numerous scattered lesions in the cerebral hemispheres, midbrain and medulla, highly suspicious for demyelinating disease such as MS. In addition, the claimant has subjective and objective neurological deficits on examination to include numbness, tingling and weakness in the extremities. The radiologist recommended MRI of spine with IV contrast. This request is considered medically necessary.

1 MRI of the cervical spine with IV contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation National Guideline Clearinghouse

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) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically sited).

Decision rationale: MTUS/ACOEM practice guidelines support MRI of the cervical spine for acute and sub-acute red flag conditions to include progressive neurological deficits and multiple neurological abnormalities that span more than one neurological root level. The available medical records document subjective and objective neurological deficits to include numbness, tingling and weakness in the extremities. MRI of the brain and cervical spine dated 6/16/2014 demonstrated numerous scattered lesions in the cerebral hemispheres, midbrain and medulla, highly suspicious for demyelinating disease such as MS. The radiologist recommended MRI of spine with IV contrast. This request is considered medically necessary.

1 MRI of the thoracic spine with IV contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation National Guideline Clearinghouse

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) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically sited).

Decision rationale: MTUS / ACOEM practice guidelines support MRI of the thoracic spine for acute and sub-acute red flag conditions to include progressive neurological deficits and multiple neurological abnormalities that span more than one neurological root level. The available medical records document subjective and objective neurological deficits to include numbness, tingling and weakness in the extremities. MRI of the brain and cervical spine dated 6/16/2014 demonstrated numerous scattered lesions in the cerebral hemispheres, midbrain and medulla, highly suspicious for demyelinating disease such as MS. The radiologist recommended MRI of spine with IV contrast. This request is considered medically necessary.