

<b>Case Number:</b>	CM14-0151628		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 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:

According to the records made available for review, this is a 68-year-old female with a 12/7/07 date of injury. At the time (8/18/14) of request for authorization for MRI of the brain with and without contrast to rule out demyelination, there is documentation of subjective (shoulder, right neck pain, and headaches) and objective (no cranial nerves deficit, oriented to time, place, and person, 5/5 strength in all extremities, negative Romberg test, and intact sensory in all extremities) findings, imaging findings (reported MRI of the brain (July 2013) revealed cortical based areas of encephalomalacia surrounded by gliosis within the anterior aspect of each paraventricular frontal lobe, increased signal intensity in the supraventricular and periventricular frontal lobe white matter which is compatible with post traumatic encephalomalacia; report not available for review), current diagnoses (tension headache, cervical spondylosis, cervicgia, and myofascial pain), and treatment to date (medications, acupuncture, and physical therapy). There is no documentation of diagnosis/condition for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of The Brain with and without Contrast to Rule out Demyelination: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG, Head Procedure

**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 (magnetic resonance imaging) Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of neurological deficits not explained by Computed Tomography (CT) , prolonged interval of disturbed consciousness, or evidence of acute changes super-imposed on previous trauma or disease, as criteria necessary to support the medical necessity of an MRI. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of tension headache, cervical spondylosis, cervicgia, and myofascial pain. However, given documentation of objective (no cranial nerves deficit, oriented to time, place, and person, 5/5 strength in all extremities, negative Romberg test, and intact sensory in all extremities), there is no documentation of diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI of the Brain with and without Contrast to Rule out Demyelination is not medically necessary.