

Case Number:	CM14-0166517		
Date Assigned:	10/13/2014	Date of Injury:	09/13/2013
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family 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 male patient who reported an industrial injury on 9/13/2013, 15 months ago, attributed to the performance of his usual and customary job duties. The patient underwent surgical intervention to the left shoulder on 3/3/2014, with a reported difficult postoperative course. The patient was not improving postoperatively and a postoperative MRI of the shoulder demonstrated evidence of mild rotator cuff tendinosis otherwise within normal limits. The patient was subsequently reevaluated during September and was noted to have been involved in a motor vehicle accident on the way to her next appointment. The patient reported injuries to the neck, head, left shoulder, and left upper extremity. The patient had undergone physical therapy, acupuncture, and injections. The patient complained of tingling in the left upper extremity with weakness. The patient complained of decreased range of motion in the left shoulder with spasm and tenderness. The objective findings on examination included no sensory examination. The treatment plan included MRI of the head; MRI the cervical spine; urine drug screening; Motrin; and Norco. The patient was diagnosed with a frozen shoulder as well as a cervical strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 head Other Medical Treatment Guideline or Medical Evidence: Disciplinary guidelines for the practice of medicine

Decision rationale: There is no demonstrated medical necessity for imaging studies in relation to the brain to "r/o intracranial pathology" for the evaluation of the patient based on the documented subjective and objective findings by the treating physician. The request is not supported by objective findings and there is no rationale provided for the MRI of the head other than for a screening test to r/o organic brain injury. There was no rationale provided by the requesting provider to support medical necessity of a MRI of the head. The clinical documentation provides no objective findings on examination to support medical necessity. There is no other documentation by any provider to support medical necessity for this request for a MRI of the brain or MRI of the head with no substantial change to complaints for physical examination. There are no provided diagnoses of this patient that support the medical necessity of the requested MRI of the brain or head. The requesting provider documented no neurological evaluation that would include cranial nerves; evaluation of cognitive ability; and peripheral nerves. The current request for authorization of the MRI of the brain due to the subjective complaints was not supported with any objective evidence to support the medical necessity of the request for authorization for additional imaging studies. There were no associated objective findings consistent with intracranial pathology that would be the effects of the cited industrial injury. The request for the imaging study is to "rule out" pathology without any objective findings on examination to support medical necessity. The request is made as a screening test for the stated alleged symptoms subsequent to the cited DOI that would include intracranial pathology. The requesting provider has not demonstrated a change in clinical status that would meet the criteria for the authorization of a brain MRI in relation to the effects of the reported industrial injury. The criteria recommended for the authorization of MRI of the brain by evidence-based guidelines has not been documented by the requesting physician. The patient is not demonstrated to have objective findings on physical examination that meet the recommendations of the CA MTUS; the ACOEM Guidelines; and the Official Disability Guidelines for the authorization of a brain MRI in order to r/o intracranial pathology. There is no objective findings documented that would support the differential of intra-cranial pathology or organic brain disease in relation to the effects of the industrial injury. The request for the MRI of the head is not medically necessary.