

<b>Case Number:</b>	CM14-0170463		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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:

This 48 year-old Stocker sustained an injury on 7/29/13 from lifting boxes while employed by [REDACTED]. Request(s) under consideration include MRI of brain w/o contrast. Accepted conditions relate to the neck, left shoulder, and bilateral wrist/hands with denial for lumbar spine. Conservative care has included medications, therapy, cervical epidural steroid injections, and modified activities/rest. The patient is status post cervical discectomy and fusion at C4-7 in 2013 with post-op physical therapy of 18 sessions. Report of 7/25/14 from the provider noted the patient status post neck surgery 8-1/2 months with continued neck pain radiating to left arm with associated numbness, tingling, and headaches; low back pain radiates to left leg with weakness; left shoulder and left arm pain. No objective findings documented. Diagnoses include cervical HNP with myelopathy and carpal tunnel syndrome. Treatment plan included MRI of cervical spine and brain. Report of 8/26/14 from another provider noted the patient with chronic neck pain rated at 6/10. No objective findings noted with plan to continue medications. The request(s) for MRI of brain without contrast was non-certified on 9/26/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of brain w/o contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic)

**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 (magnetic resonance imaging)

**Decision rationale:** Indications for MRI of the brain may be performed to determine neurological deficits not explained by CT, evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super-imposed on previous traumatic disease, which is not demonstrated here. The patient has history of chronic cervical pain without any head trauma, acute change in neck symptoms, or progressive clinical findings with neurological deficits identified to support this imaging study outside the guidelines criteria. The MRI of brain without contrast is not medically necessary and appropriate.