

Case Number:	CM14-0175550		
Date Assigned:	10/28/2014	Date of Injury:	09/23/2013
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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 New Jersey and New York. 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 24 year-old male who was injured on 9/23/13. He was walking backward, slipped, fell and hit his head and back. He complained of back pain. He had an epidural steroid injection without relief. He did not complain of headaches and had no associated symptoms from the head injury. There were no documented neurologic complaints besides lower extremity numbness and tingling radiating from his lower back injury. On exam, he had decreased motor strength on left great toe extension and diminished sensation in the left L5 and S1 dermatomes. He was diagnosed with lumbar radiculitis. His medications included muscle relaxant, anti-inflammatories, and gabapentin. The current request is for an MRI brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI brain w/o dye: 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): Head MRI: Indications for MRI (magnetic resonance imaging).

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 MRI brain is not medically necessary. MTUS guidelines do not address this so ODG guidelines were used. The patient had a back and head injury. The chart was focused on his lower back injury with associated numbness, tingling, and weakness of legs. He had no documentation of headaches or symptoms associated with a head injury. He did not describe dizziness, loss of consciousness, or other neurological symptoms that would require the need of an MRI. The patient has not had a CT that needs to be further explained with an MRI. There have been no documented intervals of disturbed consciousness or acute changes super-imposed on previous trauma or disease. Therefore, the request is considered not medically necessary.