

<b>Case Number:</b>	CM14-0024246		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/07/2009
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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. 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 worker is a 55 year old female who was injured on 5/7/2009 after lifting a monitor over her head and subsequently falling on her neck, right arm, and back. She later developed chronic neck, shoulder, and headaches, and was diagnosed with right shoulder impingement, traumatic neck pain, and left ulnar neuropathy and after imaging was diagnosed with cervical disc degeneration with cervical radiculopathy. She was treated with oral analgesics, acupuncture, physical therapy, sleep aids, gabapentin, muscle relaxants, steroid injections, antidepressants, and Tranxene. An MRI was completed of her brain on 6/13/11 for an unknown indication which showed multiple scattered small focal areas of signal alteration which are non-specific as well as a 2 cm polyp/cyst in the inferior aspect of the right maxillary sinus. On 1/28/14 the worker was seen by her primary treating physician complaining of a flare up of her neck, shoulder, and head pains. The physical examination writings were illegible, and she was recommended acupuncture and an MRI of the brain and to continue her Norco and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING (MRI) OF THE BRAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head section, MRI.

**Decision rationale:** The California MTUS Guidelines does not mention anything specific about brain MRI. The Official Disability Guidelines states that brain MRI may be useful in situations where there is need to assess transient or permanent changes to determine the etiology of subsequent clinical problems, and to plan treatment, but is more applicable to traumatic injuries in the early period following the trauma. The Official Disability Guidelines does not recommend neuroimaging in patients who sustained a concussion beyond 72 hours post injury except if the condition deteriorates or red flags are noted. Indications for MRI included: 1. to determine neurological deficits not explained by CT, 2. to evaluate prolonged interval of disturbed consciousness, and 3. to define evidence of acute changes super-imposed on previous trauma or disease. In the case of this worker, there was a prior MRI done which was essentially normal (it is not clear if the initial brain MRI was justified), and no evidence found in the documents provided for review leading up the time of the request suggests that any of the criteria is met by the worker for another brain MRI to be able to help the treatment plan in any way, and therefore the brain MRI is not medically necessary.

**ACUPUNCTURE THERAPY 2X3 FOR THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, she had previously trialed acupuncture with an unclear benefit, as there is no documentation suggesting she gained functional benefit from this modality. Further acupuncture sessions is not likely to gain any more benefit and without documentation of functional benefit in the past, is not medically necessary.