

Case Number:	CM14-0029581		
Date Assigned:	04/09/2014	Date of Injury:	08/06/2003
Decision Date:	05/27/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 59-year-old female who reported an injury on 08/06/2003. The mechanism of injury was not stated. The current diagnosis is headaches. The only clinical note submitted for this review is documented on 12/09/2013. The injured worker was status post C4-7 anterior cervical discectomy and fusion on 12/07/2010. The injured worker reported severe headaches with cervical pain and numbness in bilateral upper extremities. Physical examination only revealed weakness in bilateral upper extremities. The treatment recommendations included an MRI of the brain and cervical spine, as well as a CT scan of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE BRAIN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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, Magnetic Resonance Imaging (MRI).

Decision rationale: Official Disability Guidelines recommend magnetic resonance imaging to determine neurological deficits not explained by a CT scan, to evaluate prolonged interval of

disturbed consciousness, or to define evidence of acute changes superimposed on previous trauma or disease. As per the documentation submitted, there is no evidence of neurological deficits or prolonged intervals of disturbed consciousness. The injured worker's physical examination only revealed bilateral upper extremity weakness. However, the injured worker is also status post anterior cervical discectomy and fusion, and is pending an MRI and a CT scan of the cervical spine. Based on the clinical information received, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.