

Case Number:	CM14-0029718		
Date Assigned:	06/20/2014	Date of Injury:	05/10/2011
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/08/2014

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 & Rehabilitation and Pain 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:

The injured worker is a 44-year-old male who sustained injuries to the head and neck on 5/10/11. The claimant complains of headache, blurred vision, nausea, dizziness, facial numbness, right upper extremity pain and weakness. Chiropractic treatment, physical therapy and acupuncture were completed, which did not provide any relief. Cervical magnetic resonance imaging (MRI) has showed Grade I Retrolisthesis at C5-6 and disc bulge osteophyte complex with annular tear at C5-6 and C6-7, and neuroforaminal narrowing with facet hypertrophy. MRI of the Brain has previously showed no evidence of intracranial hemorrhage, mass effect or edema. Cerebellar exam was grossly within normal limits. Examination of the cervical exam has showed diminished range of motion (ROM) associated with tenderness / spasm in the muscles (right suprascapular, supraspinatus, etc.). He is diagnosed with cervical spine disc disease, myofascial pain syndrome and pain in the right limb. Treatment included: repeat MRI of the brain, Nerve Conduction Study, occupational therapy and referral for blocks. The request for MRI of the brain was previously denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the head with and without 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 (ODG), Head Chapter, Magnetic Resonance Imaging (MRI).

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, Indications for Imaging - Magnetic Resonance Imaging (MRI).

Decision rationale: According to the Official Disability Guidelines, an MRI of the brain is recommended for the following reasons to determine neurological deficits not explained by computed tomography, evaluate prolonged interval of disturbed consciousness, or define evidence of acute changes super-imposed on previous trauma or disease. Furthermore, per ODG, neuroimaging is not recommended in patients who sustained a concussion or traumatic brain injury beyond the emergency phase, unless the condition is deteriorating or there are red flags. There is no evidence of deterioration or progression of neurological abnormalities, or any red flag signs or any re-injury. Therefore, the above criteria are not met and the MRI of the brain is not medically necessary.