

Case Number:	CM14-0030698		
Date Assigned:	06/20/2014	Date of Injury:	09/30/2011
Decision Date:	07/17/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/11/2014

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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old male with a 9/30/11 date of injury. At the time (3/4/14) of request for authorization for MRI of the brain, there is documentation of subjective (neck and low back pain, headaches, difficulty sleeping, and depression) and objective (mild cervical spine discomfort to palpation at C5-6, slight discomfort in both hand over the Phalen's and Tinel's) findings, current diagnoses (cervical sprain/strain with cervical disc disease, lumbar sprain/strain with a previous fracture of L2 treated with vertebroplasty, headaches, thoracic sprain/strain, and bilateral shoulder pain), and treatment to date (activity modification and medications). There is no documentation of a condition/diagnosis for which a brain MRI would be indicated.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 2012, Work Loss Data Institute, 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, MRI (magnetic resonance imaging).

Decision rationale: MTUS does not address this issue. ODG identifies documentation of neurological deficits not explained by CT, prolonged interval of disturbed consciousness, or evidence of acute changes super-imposed on previous trauma or disease, as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain with cervical disc disease, lumbar sprain/strain with a previous fracture of L2 treated with vertebroplasty, headaches, thoracic sprain/strain, and bilateral shoulder pain. However, despite documentation of headaches, given no documentation of a CT, there is no documentation of a condition/diagnosis for which a brain MRI would be indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of the brain is not medically necessary.