

Case Number:	CM14-0030700		
Date Assigned:	06/20/2014	Date of Injury:	10/12/2011
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
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 Neurology, and is licensed to practice in Texas, New Mexico, Florida, Connecticut, Oklahoma, and Illinois. 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 41 year old male who sustained injuries to his head, back and neck on 10/12/11 when a rock fell and landed on his head. A clinical note dated 2/10/14 reported that the injured worker was negative for dizziness, sensory change, or focal weakness. It was noted that he now has chronic body pain all the time, as well as nerve pain. The injured worker takes no medication and no narcotics for his pain. Physical examination noted normal range of motion; no edema or tenderness; no cranial nerve deficiencies or sensory deficits; gait and coordination normal; skin warm, dry and intact. The records indicate that the injured worker has received extensive treatment over the years. MRI of the cervical spine revealed mild spinal canal stenosis with mild cord effacement at C3-4 and C5-6; foraminal narrowing present most pronounced on the left at C5-6 and the right at C3-4 with potential compromise to the left C6 and right C4 nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

3T MRI Brain with DTI and FMIR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The requested modality is only used for preoperative evaluation for a planned craniotomy and is considered experimental/investigational for the injured worker's condition. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. As such, the request is not medically necessary.