

<b>Case Number:</b>	CM14-0031154		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/06/2003
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 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:

A 2/10/14 PR-2 report records that the injured worker has neck and low back pain. The injured worker was evaluated at an ER in 12/13 for numbness of the left side of the body. The work-up was reported negative per the insured. The insured has persistent headaches with pain and weakness and numbness radiating down the right lower extremity. The injured worker reports numbness of the left side of body. Examination reported atrophy of the right calf, and decreased sensation in the left L3, L4, L5, and S1 dermatomes. There was decreased sensation in left C5-C8. Tibialis anterior, EHL, inversion, eversion, and plantar flexion were 4-5 on the left. There was weakness in the right leg. Left psoas, quadriceps, and hamstrings were 4/5. MRI of the lumbar spine was reported to show disc disease, facet arthropathy, and retrolithesis L1 to L4 with anterolithesis L4 to S1. A 4/11/14 evaluation reports left arm pain and bilateral leg pain. The injured worker describes worsening numbness of the left side of face, arm, chest, and leg. Examination reports decrease to touch in the left upper extremity in C5-6. 5/1/14 neurologic examination reports left lower extremity weakness and atrophy. There was right foot weakness and left foot weakness. Poly neuropathy is the diagnosis of the treating physician.

### 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 ODG TWC 2014 Head.

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

**Decision rationale:** The medical records provided for review detail reported hemibody numbness without corroborating physical exam findings but does demonstrate neurologic physical abnormalities consistent with polyneuropathy. Poly neuropathy is the diagnosis of the treating physician. There is no indication that a CT head has performed with findings that do not explain the neurologic deficits. There is no indication of prolonged disturbed consciousness. In the absence of these, the medical records provided for review do not support a request for an MRI of the brain under the ODG. As such, the request is not medically necessary and appropriate.