

<b>Case Number:</b>	CM14-0038642		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/04/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old male who reported an injury on 11/04/2012. The mechanism of injury involved repetitive heavy lifting. The current diagnoses include cervicogenic headaches, cervical spine musculoligamentous strain, cervical spine radiculopathy versus carpal tunnel syndrome, and depression. The injured worker was evaluated on 11/25/2013 with complaints of headaches and neck pain radiating into the upper extremities. It is noted that the injured worker has been previously treated with chiropractic therapy and physical therapy. Physical examination revealed restricted cervical range of motion, tenderness with spasm, positive Phalen's testing, normal mental status examination, a depressed affect, normal cranial nerve examination, normal coordination, normal gait, and decreased sensation to pinprick at the distal hands. Treatment recommendations included an MRI of the brain.

### 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 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**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.

**Decision rationale:** Official Disability Guidelines state an MRI of the brain may be indicated to determine neurological deficits unexplained by a CT scan, to evaluate prolonged interval of disturbed consciousness, or to define evidence of an acute change superimposed on previous trauma or disease. The injured worker does not meet the above mentioned criteria as outlined by the Official Disability Guidelines. There is no objective evidence of neurological deficits. There is no mention of prolonged intervals of disturbed consciousness or any acute changes superimposed on previous trauma or disease. Based on the clinical information received, the MRI of the brain is not medically necessary.