

Case Number:	CM14-0042935		
Date Assigned:	06/30/2014	Date of Injury:	11/17/2010
Decision Date:	08/20/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/09/2014

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:

Patient is a 48-year-old male with 11/17/10 date of injury. He suffered a crush injury to his right foot, was thrown to the ground and struck his head against the concrete pavement. He had pain all over his body and was unable to move. X-rays were taken, medication prescribed, as well as 36 sessions of physical therapy. Patient underwent right knee arthroscopy in 2012, postoperative physical therapy. Patient continued to complain of pain in his bilateral shoulders neck back and bilateral knees. He received one lumbar epidural in 2013, which provided temporary relief of symptoms. A follow-up report, from 02/10/14, states that the patient complains of headaches. The patient is concerned about right shoulder and right wrist pain with numbness and weakness. He states he feels complete numbness in the right arm. Objectively, positive impingement and Hawkins signs are noted in the right shoulder. Abduction is limited to less than 90 degrees. There is positive Phalen's sign in the right wrist. Spasm and tenderness are noted in the paravertebral muscles of the lumbar spine with decreased ROM (range of motion). It is noted that patient is taking Gabapentin. Lexapro is to be substituted with Prozac to control the patient's depression. Diagnoses include: shoulder strain/sprain, lumbosacral radiculopathy, knee tend/bursitis. A 03/10/14 neurological evaluation report states that patient reports constant headaches located in his forehead, both sides of his head, characterized as a 6. He describes dizziness, vertigo, blurred vision, nausea, memory problems, ringing in his ears, loss of balance, depression and anxiety. He complains of intermittent pain to both side of his neck radiating to his shoulders. Constant right upper extremity pain with numbness, tingling, weakness, cramping. Other complaints: non-radiating low-back pain, constant bilateral lower extremity pain with numbness tingling weakness, coldness and cramping. Brief assessment of recent memory revealed that the patient was able to recall zero out of three objects in five minutes. Patient answered two out of five serial sevens. Medications listed are Omeprazole, Hydrocodone,

Docuprene, Fluoxetine, and Gabapentin. Physical examination of the cervical spine reveals tenderness and spasms about the right trapezius, ROM is restricted. There is tenderness of right shoulder and restricted ROM. Cranial nerve examination is unremarkable. Patient has weakness of right arm and right leg. Romberg is negative. Deep tendon reflexes are 1-2+. Patient has decreased sensation to pinprick about his right lower leg. Impressions: posttraumatic syndrome, status post right knee surgery. The request is for 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 (Magnetic resonance imaging) of the brain: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: Taking the patient's complaints of dizziness, blurry vision, vertigo, nausea, ringing in ears, loss of balance, memory loss and constant headaches, as well as poor results of mental status examination on 03/10/14 into the account, request for MRI of the brain is medically reasonable. These findings are alarming and further evaluation of the patient's neurological status is important. ODG states that an MRI can be recommended to determine neurologic deficits and in this case is medically necessary. Recommendation: Certify.