

Case Number:	CM14-0047516		
Date Assigned:	07/02/2014	Date of Injury:	01/17/2012
Decision Date:	08/25/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational Medicine, 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:

The patient is a 63-year-old male who has submitted a claim for cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and left sacroiliac joint arthropathy associated with an industrial injury date of January 17, 2012. Medical records from 2013-2014 were reviewed. The patient complained of headaches and left neck pain, rated 7/10 in severity. Physical examination showed moderate tenderness over the cervical paraspinal muscles extending to the left trapezius muscle. Axial head compression and spurling sign was positive on the left. Facet tenderness was also noted at C3-C6. Range of motion of the cervical spine was limited as well. There was decreased sensation along the C4 and C5 dermatomes on the left. MRI of the brain, dated April 2, 2014, revealed no acute intracranial abnormality, mild diffuse cerebrocortical atrophy, pansinusitis, and there were T2/FLAIR hyperintense foci involving the supratentorial white matter with a nonspecific appearance but may represent migraine-associated changes or chronic white matter small vessel ischemic changes. Treatment to date has included medications, physical therapy, chiropractic manipulation, home exercise program, and activity modification. Utilization review, dated April 1, 2014, denied the request for repeat brain MRI scan because the need for it was not clear and there was lack of examination associated with any complaints.

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 American Academy of Neurology.

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.

Decision rationale: CA MTUS does not address the topic on brain MRI. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines was used instead. ODG indications for brain MRI include to determine neurological deficits not explained by CT; to evaluate prolonged interval of disturbed consciousness; or to define evidence of acute changes superimposed on previous trauma or disease. In this case, the patient had an MRI done last April 2, 2014, which revealed no acute intracranial abnormality, mild, diffuse cerebrocortical atrophy, pansinusitis, and hyperintense foci involving the supratentorial white matter which may represent migraine-associated changes or chronic white matter changes. However, the rationale for a repeat MRI was not provided. There is no new injury or worsening of symptoms. Furthermore, there was no subjective nor objective information which may indicate neurologic deficits in relation to the brain. A thorough neurologic examination was not provided. The medical necessity for brain MRI was not established. Therefore, the request for MRI of the brain is not medically necessary.