

<b>Case Number:</b>	CM14-0074682		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 and is licensed to practice in Nevada. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The records presented for review indicate that this 56 year-old male was reportedly injured on 9/28/2011. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 4/17/2014, indicates that there are ongoing complaints of neck pain, right wrist pain, low back pain. The physical examination demonstrated cervical spine: full range of motion. Positive tenderness to palpation of the cervical paraspinal muscles and spines processes. Positive muscle spasm of the cervical paravertebral muscles is noted. Soto-Hall is positive, shoulder depression is positive. Right wrist: Tinnel's causes pain. Reverse Phalen's is positive. Otherwise unremarkable exam. Lumbar spine: 2+ reflex bilateral patella. Range of motion is decreased and painful. Positive tenderness to palpation of the lumbar paravertebral muscles is noted. Nachlas is positive. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, chiropractic care, medications, spinal injections, radiofrequency joint oblations, shoulder arthroscopy, and conservative treatment. A request had been made for MRI of the brain and was not certified in the pre-authorization process on 4/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (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 Official Disability Guidelines 2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head. MRI. Updated 8/11/2014.

**Decision rationale:** The Expert Reviewer's decision rationale:ODG states an MRI is recommended as a well-established brain imaging study. Indications for an MRI include neurological deficits not explained by computed tomography (CT), prolonged interval of disturbed consciousness, and evidence of acute changes superimposed on previous trauma or disease. After review of the medical records provided, the treating physician did not provide significant documentation of positive neurological findings on physical exam to necessitate this diagnostic study therefore, lacking supporting documentation, this request is not medically necessary.