

Case Number:	CM14-0082638		
Date Assigned:	07/21/2014	Date of Injury:	01/17/2014
Decision Date:	11/13/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/04/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for headaches, neck pain, low back pain, bilateral shoulder pain, hand pain, and wrist pain reportedly associated with an industrial injury of January 17, 2014. In a Utilization Review Report dated May 13, 2014, the claims administrator denied a request for MRI imaging of the brain and denied a request for 18 sessions of physical therapy. The claims administrator did not incorporate cited guidelines into its rationale and, furthermore, incorrectly cited the mislabeled/misnumbered page "474" of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant subsequently appealed. In an emergency department note dated January 17, 2014, it was acknowledged that the applicant had sustained head trauma and a scalp hematoma when forcefully striking her head against an elevator. In a May 5, 2014 progress note, the applicant apparently presented with multifocal complaints of neck, head, face, and shoulder pain. The applicant stated that her symptoms of blurry vision had reportedly improved over time. 12 sessions of physical therapy had been completed, it was acknowledged. Residual headaches and eye fatigue were also appreciated. The applicant reportedly had a negative head CT scan performed elsewhere. Work restrictions were endorsed. The applicant was returned to work at a rate of six hours a day. MRI imaging of the head and brain were apparently sought via an RFA form dated May 6, 2014, the claims administrator suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the head/brain without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head & Neck, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology (ACR), Practice Parameter for Performance and Interpretation of MRI Imaging of the Brain.

Decision rationale: 1. Yes, the request for MRI imaging of the brain is medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of brain MRI imaging. As noted by the American College of Radiology (ACR), one of the primary indications for MRI imaging of the brain includes the evaluation of posttraumatic brain injury. In this case, the applicant had residual complaints of headache and eye fatigue following an industrial head contusion injury. Earlier CT imaging of the head was non-diagnostic/negative, per the attending provider. Obtaining MRI imaging of the head and brain to determine the presence or absence of any structural source for the applicant's residual complaints is therefore indicated. Accordingly, the request is medically necessary.

Physical therapy set of 3 total of 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): 48; TABLE 8-5, PAGE 174; TABLE 9-3, PAGE 204.

Decision rationale: 2. Conversely, the request for 18 sessions of physical therapy is not medically necessary, medically appropriate, or indicated here. The 18-session course of treatment proposed, in and of itself, represents treatment well in excess of the one- of two-session course recommended in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-5, page 174 for education, counseling, and evaluation of home exercise transition purposes, and also well in excess of the initial and follow up visits recommended in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-3, page 204, for education, counseling, and evaluation of home exercise transition purposes. In this case, the applicant has already returned to part time, modified duty work, at a rate of six hours a day. The applicant's rehabilitation could likely be effected through a much lesser course of treatment than the 18-session proposal proffered here. It is further noted that ACOEM Chapter 3, page 48, notes that it is incumbent upon an attending provider to furnish a prescription for physical therapy which "clearly states treatment goals." In this case, the attending provider has not, however, clearly stated treatment goals or clearly outlined a compelling case for the lengthy, 18-session course of treatment proposed here. Therefore, the request is not medically necessary.

