

Case Number:	CM14-0191587		
Date Assigned:	01/06/2015	Date of Injury:	01/21/2008
Decision Date:	02/04/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 Neurology 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 Injured Worker (IW) is a 39 year old male with a date of injury of 1/21/2008. The Mechanism of injury is reported to be a fall from a 16 foot ladder. The IW reportedly landed on the ground and reports injuries to his neck, back, head, shoulders, wrists, ankles, knees and elbows. There is no reported loss of consciousness at the time of the injury. The IW was evaluated following the injury including a CT of the head, cervical spine and pelvis that did not reveal any fractures or bleeding. The IW continues to report several problems to his primary treating physician. The IW is reporting frequent headaches and difficulties with concentration and memory. The IW reports persistent neck pain with radiating pain down both of his arms. The IW is also reporting mid thoracic back pain in addition to low back pain. The low back pain is reported to be an 8 to 10 out 10 on a pain scale. The IW is also reporting bilateral shoulder, elbow, knee and ankle pain. The progress notes included in this report provide conflicting clinical exam findings. The exam from 10/1/2014 reports the following: The neurological examination is notable for a mini-mental status exam reported as a 23/30 with comments stating he has impaired attention and recall is only 2 out of 3 at five minutes. He is reported to have good range of motion in all joints, but has muscle tenderness to palpation in the cervical and thoracic paraspinal muscles. His motor exam is reported to be a 5/5 in all extremities with a comment that he demonstrating "giveaway weakness" in all extremities as well. The sensory exam is reported as normal. The IW does demonstrate an antalgic gait and is reported to have impaired tandem walking. The IW has previously had a MRI of the Cervical Spine on 5/26/2014 with a report of mild acquired stenosis at C4-C5 and severe cervical stenosis at C5-C6. A previous request for lumbar and cervical MRI as well as an MRI of the brain was determined to not be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbosacral spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Per the MTUS, the use of imaging can be considered if there is evidence of tissue insult of nerve impairment but cautions against indiscriminate imaging because of false-positive findings. In this particular case, the IW is reporting low back pain, however, his motor (including reflexes) and sensory exam do not support evidence of neurological dysfunction or tissue insult and would not warrant imaging studies. The request for a lumbosacral MRI is not medically necessary.

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the MTUS, obtaining imaging of the neck should be reserved for the emergence of a red flag condition or physiological evidence of tissue insult of neurological dysfunction. In this case, the IW has previously had an MRI of the cervical spine on 5/26/14 and the exam from 10/1/2014 does not convey a concern of a new "red flag" condition or evidence of a true Neurological dysfunction. The request for a cervical spine MRI is not medically necessary.

MRI of the brain without Gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Neck and Upper Back chapter, Magnetic resonance imaging (MRI)

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

Decision rationale: Per the recommendations in the ODG regarding the use of MRI for brain imaging, it is useful to assess transient or permanent changes to determine the etiology or

subsequent clinical problems and to plan treatment. It also does not recommend obtaining neuroimaging in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post injury) except if the condition deteriorates or red flags are noted. In this case, the IW's injury is consistent with a concussion based on the report of the mechanism of injury and he did have a non-contrast head CT at the time of his injury in 2008. Although the IW is reporting difficulties with concentration and has not performed well on his limited clinical cognitive assessments (mini-mental status exams), there is no evidence to support obtain an MRI of the brain without gadolinium. The IW is clinically stable and does not have any 'red flag' conditions to support obtaining the additional imaging. The request for obtaining and MRI of the brain without gadolinium is not medically necessary.