

<b>Case Number:</b>	CM14-0195475		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 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:

This is a female worker with an orthopedic injury on February 2, 2012. Mechanism of injury is unknown. Diagnoses include stiff shoulder syndrome bilaterally, inflammatory process of the left shoulder, inflammatory process of the left wrist, myoligamentous strain of the lumbar spine, inflammatory process of the left knee, inflammatory process of the left ankle and cephalgia. In physician's progress report dated November 3, 2014, she complained of intermittent moderate left shoulder pain, left knee pain, headaches and left eye pain. Activities that increased her pain were standing, sitting, walking, lifting, pushing and pulling. Examination of the left shoulder revealed tenderness and decreased range of motion. Examination of the left knee revealed tenderness and decreased range of motion. Medications and transdermal creams were noted to be helping with pain and activities of daily living. A request was made for an MRI of the brain in order to rule out any intracranial abnormality. On November 5, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRA 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 (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, (trauma, headaches, etc., not including stress & mental disorders), MRA (magnetic resonance angiography)

**Decision rationale:** According to the Official Disability Guidelines, magnetic resonance angiography is indicated for: 1) closed head injury, rule out carotid or vertebral artery dissection, 2) penetrating injury, stable, neurologically intact, and 3) minor or acute closed head injury, focal neurologic deficit and/or risk factors, if vascular injury is suspected, for problem solving. Documentation in the medical record does not reflect the above criteria. MRA of the brain is not medically necessary.