MAXIMUS Federal Services

Case Number:	CM14-0197372		
Date Assigned:	12/05/2014	Date of Injury:	09/01/2011
Decision Date:	01/20/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 injured worker (IW) sustained a work related injury to the back on 09/11/11 and is currently being treated by a spine surgeon. Her current diagnosis is sacroiliitis, intervertebral disc disorder with myelopathy, and lumbar spondylosis with myelopathy. There is no documentation included in the medical records presented of past physical therapy, chiropractic care, or acupuncture. Diagnostic Studies include an electromyogram and nerve conduction studies and a MRI of the lumbar spine. There is no documentation of routine medications in the treating provider medical records; however, in a worker's compensation injury questionnaire of 09/25/2014, the injured worker lists medications taken as Norco for pain, and naproxen for inflammation. She also states she has depression. The medical record of 10/03/2014 documents that the injured worker has ongoing pain in the back with radiation down the left lower extremity. There is documentation of a MRI of the spine and an electromyogram and nerve conduction studies. Objectively, the practitioner documents an abnormal gait and progressive weakness with an antalgic gait on the left side and a positive straight leg raise. Diagnoses include multilevel lumbar spondylosis L2-S1, bilateral lower extremity EHL weakness, bilateral sacroiliitis; L5 left sided radiculopathy, and bilateral chronic S1 radiculopathy. The treatment plan includes evaluation by a pain management specialist for lumbar-sacral epidural injections (LSEI), evaluation by a neurologist for progressive weakness, and an MRI of the brain, cervical and thoracic spine so that comprehensive structural evaluation of her neural axis can be done. The request for authorization (ROA) of 10/22/2014 requested evaluation with pain management for a LSEI (lumbosacral epidural injection), an evaluation with a Neurologist, and a MRI of the lumbar spine. The Utilization Review (UR) dated 11/04/2014 non-certified the request of a MRI on the Brain without contrast as an outpatient between 10/24/2014 and 12/08/2014. The request for the MRI on the brain was determined to be not medically necessary as requested due to lack of

documentation of findings consistent with upper motor pathology. Documents reviewed by utilization review included a RFA dated 10/22/2014, primary treating physician's progress report with request for authorization dated 10/03/2014, and a MRI lumbar spine without GAD dated 10/01/2014, medical images dated 03/20/2013, and an acupuncture initial consultation report dated 05/14/2014. The MRI lumbar spine of 10/01/2014, medical images dated 03/20/2013, and Acupuncture Initial consultation report dated 05/14/2014 were not included in this medical record. Evidence Based Guidelines used in the review were Broadspire Physician Advisory Criteria for CT/ MRI of the head, ACOEM (American College of Occupational and Environmental Medicine) https://www.acoempracguides.org/Cerivcal and Thoracic Spine, and the Official Disability Guidelines Treatment in Workers Compensation (ODG-TWC) www.odg-twc.com. On 11/05/25144 an Independent Medical Review Application was submitted requesting review of the non-certification for a MRI on the brain without contrast as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain without contrast, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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, MRI (Magnetic Resonance Imaging)

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, MRI of brain is recommended under certain criteria. 1) Determine neurological deficits nor explained by MRI; 2) evaluate prolonged interval of disturbance in consciousness and 3) define evidence of acute changes superimposed on prior trauma. The injured worker does not meet these criteria. Patient has obvious weakness and neurological findings consistent with multiple spinal issues that are confirmed by electrodiagnostic findings and MRIs. There is no exam that is consistent with upper motor neuron or central brain pathology. Provider has also not performed a basic CT scan of the brain prior to request for MRI. MRI of brain is not medically necessary.