

<b>Case Number:</b>	CM15-0003784		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 44-year-old male who reported an injury on 01/13/2014. The mechanism of injury occurred when the bus he was running crashed into a trailer and he landed on top of the dashboard. His diagnoses included headaches, insomnia, cervical/trapezial musculoligamentous sprain/strain, thoracolumbar musculoligamentous sprain/strain, left shoulder sprain/strain, left knee sprain/strain, and right big toe fracture. His past treatments included medications, a psych evaluation, a knee brace, physical therapy, and surgery. Pertinent diagnostic studies included a TMJ MRI performed on 12/12/2014, which revealed mild motion artifact, especially on open mouth position limiting evaluation and decreased anterior portion of the right mandibular condyle and meniscus on open mouth position, which may be functional secondary to pain. There was no evidence of internal derangement. An official brain MRI was performed on 12/12/2014 which revealed an unremarkable MRI of the brain. On 02/23/2014, the injured worker complained of continued neck and left shoulder pain with trapezius muscle spasm. He also noted numbness and tingling to the bilateral hands. The injured worker noted that he did not feel a left knee surgery was required. The physical examination of the cervical spine revealed tenderness to palpation with spasms over the trapezius muscle and paraspinal musculature. The compression test elicited radicular complaints to the bilateral upper extremities. Cervical range of motion was measured with flexion at 37 degrees, extension at 36 degrees, right rotation at 46 degrees, left rotation of 44 degrees, right lateral flexion at 35 degrees, and left lateral flexion at 33 degrees. There was also noted decreased sensation in the bilateral C5-6 dermatomes. The physical examination of the left shoulder revealed tenderness to palpation over the trapezius

muscles, parascapular musculature, subacromial space, and supraspinatus tendon. The injured worker had a positive impingement test. The left shoulder range of motion was measured with flexion at 83 degrees, extension at 31 degrees, abduction at 66 degrees, adduction at 32 degrees, internal rotation at 50 degrees, and external rotation at 45 degrees. There was also noted painful arc of 85 degrees in flexion and abduction. The treatment plan included authorization for an MRI scan of the right foot. The treatment plan also included an MRI of the brain and MRI of the TMJ. A rationale was not provided for review. A Request for Authorization form was not provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**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, Head

**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:** The request for an MRI of the brain is not medically necessary. According to the Official Disability Guidelines, indications for magnetic resonance imaging for the head include: to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes superimposed on previous trauma or disease. The injured worker was indicated to have undergone a previous MRI on 12/12/2014. However, there was a lack of a clear rationale for a repeat MRI. In addition, there was a lack of neurological deficits not explained by CT on examination. There was also lack of documented prolonged interval of disturbed consciousness and lack of evidence of acute changes superimposed on previous trauma or disease. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**MRI of the bilateral TMJ:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, AIM Specialty Health. Appropriate use criteria: imaging of the head & neck. Chicago (IL): AIM Specialty Health; 2014 May 14. 55 p. (162 references)

**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:** The request for an MRI of the bilateral TMJ is not medically necessary. According to the Official Disability Guidelines, indications for magnetic resonance imaging for the head include: to determine neurological deficits not explained by CT, to evaluate prolonged

interval of disturbed consciousness, and to define evidence of acute changes superimposed on previous trauma or disease. The injured worker was indicated to have undergone a previous MRI on 12/12/2014. However, there was a lack of a clear rationale for a repeat MRI. In addition, there was a lack of neurological deficits not explained by CT on examination. There was also lack of documented prolonged interval of disturbed consciousness and lack of evidence of acute changes superimposed on previous trauma or disease. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.