

Case Number:	CM15-0100931		
Date Assigned:	06/03/2015	Date of Injury:	08/06/2014
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 53-year-old female, who sustained an industrial injury on 8/5/2014. She reported injury from lifting furniture and lifting a client. The injured worker was diagnosed as having facet arthralgia, lumbar degenerative disc disease, lumbar radiculopathy, post-concussion syndrome and lumbosacral sprain/strain. Lumbar magnetic resonance imaging showed lumbar 4-5 disc herniation and moderate bilateral neuroforaminal stenosis. Treatment to date has included medication management. In a progress note dated 4/15/2015, the injured worker complains of cognitive difficulties, increasing low back pain and left lower extremity symptoms. The patient has had normal memory, orientation, and normal judgment. The patient has had a history of fall on 4/11/15. The patient had tender edema over right orbit. She had feeling of dizziness (buzz) with Norco. Physical examination showed lumbar spinal and paraspinal tenderness with diminished and painful lumbar range of motion. The treating physician is requesting brain magnetic resonance imaging. The medication list includes Norco, Ondansetron, Buprenorphine, Senna, Nucynta, Suboxone, Trazodone and Paracetamol. The patient had received lumbar ESI for this injury. The patient has used a TENS unit. Patient has received an unspecified number of massage therapy and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brain MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Head, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 01/21/15) MRI (magnetic resonance imaging).

Decision rationale: Request: Brain MRI. ACOEM guideline does not specifically address this issue. Hence ODG used. Per the guidelines cited below, brain MRI is recommended for "to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super-imposed on previous trauma or disease." The patient has had normal memory, orientation, and normal judgment. However, the pt has complaints of cognitive difficulties. The patient had tender edema over the right orbit. She had feeling of dizziness (buzz) which at present is being attributed to Norco. A brain MRI is medically appropriate and necessary to further evaluate the dizziness, cognitive difficulty and the tenderness over the right orbit. The request for Brain MRI is deemed medically appropriate and necessary in this patient.