

Case Number:	CM15-0102943		
Date Assigned:	06/05/2015	Date of Injury:	03/07/2007
Decision Date:	07/03/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/28/2015

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: North Carolina

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 54 year old female, who sustained an industrial injury on 3/07/2007. Diagnoses include low back pain, lumbar disc bulging, sacroiliac joint pain, myofascial pain, chronic pain syndrome, bilateral shoulder pain, bilateral knee pain, neck pain and cervical degenerative disc disease. Treatment to date has included surgical intervention (arthroscopic acromioplasty for right rotator cuff partial tear on 5/19/2015), diagnostics including magnetic resonance imaging (MRI) and electrodiagnostic testing, injections, physical therapy, home exercise, ice, modified work, and medications including Voltaren gel, Tramadol, Flector patch, Omeprazole, Lyrica and Prednisone. Per the Primary Treating Physician's Progress Report dated 5/12/2015, the injured worker reported neck, low back, bilateral shoulder, bilateral knee pain and headaches. Pain is rated as 8/10 without medications and 5/0 with medications. Physical examination revealed 5/5 bilateral upper extremity strength with intact sensation but decreased over the right extremity. Spurling's sign was positive on the right. There was tenderness over the cervical paraspinals, trapezius and rhomboids. Myofascial restrictions are appreciated bilaterally. There was tenderness over the facet joints and reduced range of motion of the cervical spine in all planes. There was diffuse tenderness to palpation over the bilateral shoulders and decreased range of motion in all directions. The plan of care included medications and diagnostics and authorization was requested for magnetic resonance imaging (MRI) of the brain.

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 ODG, Head Chapter, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRI brain.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested services. The ODG states MRI is indicated to determine neurologic defects not defined by CT, to evaluate prolonged intervals of disturbance of consciousness and to define evidence of acute changes super-imposed on previous trauma or disease. These criteria are not met in the provided clinical documentation for review and therefore the request is not certified.