

Case Number:	CM15-0104166		
Date Assigned:	06/08/2015	Date of Injury:	08/05/2014
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	06/01/2015

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 53 year old female, who sustained an industrial injury on 8/5/2014. She reported pain in her right leg causing limping. Diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, chronic pain due to trauma, thoracic or lumbosacral neuritis or radiculitis, lumbago and post-concussion syndrome. Treatment to date has included physical therapy, lumbar epidural steroid injection and medication. According to the progress report dated 4/15/2015, the injured worker complained of back pain in her lower back radiating to the right ankle, right arm and right thigh. Gait was antalgic. She was oriented to time, place, person and situation. Memory was normal. The injured worker reported that her right leg recently gave way, causing her to fall and hit her right arm, face and head. She reported losing consciousness but did not know how long. There was edema over the right maxilla and orbit. She was complaining of cognitive difficulties. She was also complained of increasing low back pain, right leg pain and now left leg symptoms of numbness and tingling. She was currently working with restrictions. Authorization was requested for brain magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Brain MRI: 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) Treatment in Workers Compensation, ODG treatment Integrated treatment/Disability Duration Guidelines: Head (trauma, headaches, not including stress and mental disorders).

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

Decision rationale: The ACOEM and California MTUS do not specifically address the requested services. The ODG recommends brain MRI in the evaluation of patients with prolonged alteration in level of consciousness, acute or chronic disease/trauma but not generally for patients who sustained concussions unless condition continues to deteriorate. Therefore criteria have not been met and the request is not certified. Therefore, the requested treatment is not medically necessary.