

Case Number:	CM15-0106296		
Date Assigned:	06/10/2015	Date of Injury:	02/14/2015
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 27 year old male, who sustained an industrial injury on February 14, 2015. The injured worker reported roll over motor vehicle accident (MVA) with neck and back pain and intermittent consciousness. The injured worker was diagnosed as having headache, neck pain paresthesia and low back pain. Treatment to date has included magnetic resonance imaging (MRI), exercise and medication. A progress note dated April 27, 2015 provides the injured worker complains of headache and persistent neck pain rated 3-4/10 and radiating down neck with weakness in the right arm. He also has intermittent low back pain rated 5-6/10. Exam notes thoracic and lumbar decreased range of motion (ROM). Magnetic resonance imaging (MRI) was reviewed. The plan includes magnetic resonance imaging (MRI), acupuncture home exercise program (HEP) and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for 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, MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, MRI brain.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the brain is not medically necessary. MRI scans are superior to scans for detection of intracranial pathology except for bone injuries such as fractures. Indications for MRI include, but are not limited to, determine neurologic deficits not explained by computed tomography; evaluate prolonged interval of disturbed consciousness; and to define evidence of acute changes superimposed on previous trauma or disease. A brain MRI is not indicated in patients who sustain a concussion/mild traumatic brain injury beyond the emergency phase except in conditions where red flags are noted. In this case, the injured workers working diagnoses are headache, neck pain, paresthesia, and low back pain. The date of injury is February 14, 2015. The injured worker was seen in the emergency room for head, neck and back complaints. The injured worker had a computed tomography of the brain, but the results were not present or clearly documented in the medical record. The injured worker was seen on two occasions in an urgent care center. The injured worker was seen on April 27, 2015. Subjectively, the injured worker complains of neck pain 3-4/10. Pain radiates down the C4 - C5 distribution weakness in the right arm. There were no complaints of headache, memory issues or difficulty ambulating. Objectively, vital signs were performed and normal. Cranial nerves were normal. Range of motion was significantly limited the lumbar spine and neck. Motor examination was normal. Sensation is normal. Reflexes were normal. Gait was normal. A brain MRI is not indicated in patients who sustain a concussion/mild traumatic brain injury beyond the emergency phase except in conditions where red flags are noted. There is no documentation the injured worker sustained an injury over and above a concussion. Initial CAT scan findings of the brain were not available for review and medical record and there were no red flags noted. There were no neurologic findings documented in the medical record. Consequently, absent clinical documentation mental status changes, local weakness and other positive neurologic findings, MRI of the brain is not medically necessary.