

<b>Case Number:</b>	CM15-0133432		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	12/17/2005
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 67 year old male who sustained an industrial injury on 12-17-05. In a visit note dated 6-5-15, the treating physician notes the injured worker states symptoms are getting worse. Pain gets really bad; starts at his neck and goes over the top of his head. Norco does not help. He does respond to Motrin. Headaches are starting with movement of his head. He has low back, left hip and neck pain. Pain radiates to both legs and feet with tingling and burning. Pain is constant and worsening. There have been no changes noted in vision, slurring, confusion or disorientation. He walks with a cane. The plan is opioid analgesics, CURES done, and advise for an MRI. Assessment is noted as back pain, cervical. Work status is noted as modified. The requested treatment is an outpatient MRI of the brain, without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient brain MRI without contrast:** 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), Head Chapter, 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) cranial MRI.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states MRI of the head is indicated to evaluate prolonged levels of change in consciousness, evaluate neurologic changes not explained by CT and to evaluate acute changes super-imposed on chronic disease. The documentation provided for review does not meet these criteria as there is no unexplained neurologic deficits or prolonged change in consciousness. Therefore, the request is not medically necessary.