

<b>Case Number:</b>	CM15-0136052		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	12/12/2006
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on December 12, 2006. Treatment to date has included lumbar fusion, opioid medications, anti-depressants, and work restrictions. Currently, the injured worker complains of residual pain over the right sacroiliac joint with associated swelling. She is status post lumbar fusion. On physical examination the injured worker has a well-healed incision in the midline lumbar area. She has tenderness to palpation over the right sacroiliac joint with muscle spasms. Fabere and Patrick's tests are positive and she has decreased range of motion secondary to her pain and stiffness. A supine straight leg raise test is positive in the bilateral lower extremities. She has normal motor strength in the bilateral lower extremities and her sensation is diminished to light touch and pinprick in the right S1 dermatomal distribution. The diagnoses associated with the request include lumbar discopathy with disc displacement, lumbar radiculopathy, and status post lumbar fusion. The treatment plan includes Nalfon, Paxil, Prilosec, Ultram, Morphine Sulfate, Norco, and Soma, MRI of the brain to evaluate for mild stroke, pain management consultation, x-ray of the lumbar spine, and urine drug screen.

### 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 Official Disability Guidelines (ODG), Brain, MRI.

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

**Decision rationale:** This claimant was injured in 2006 and is status post lumbar fusion. The diagnoses associated with the request include lumbar discopathy with disc displacement, lumbar radiculopathy, and status post lumbar fusion. The treatment plan includes Nalfon, Paxil, Prilosec, Ultram, Morphine Sulfate, Norco, and Soma, MRI of the brain to evaluate for mild stroke however no neurologic exam suggestive of stroke is noted. The ODG notes in the head section: Indications for magnetic resonance imaging: To determine neurological deficits not explained by CT. To evaluate prolonged interval of disturbed consciousness. To define evidence of acute changes super-imposed on previous trauma or disease. However, in this case, no objective neurologic deficits consistent with stroke are presented. The request is not medically necessary.