

Case Number:	CM15-0161041		
Date Assigned:	08/31/2015	Date of Injury:	07/12/2010
Decision Date:	10/05/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/17/2015

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
 Certification(s)/Specialty: Emergency 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 56 year old male, who sustained an industrial injury on 7-12-2010. Diagnoses include cervical radiculitis, cervicgia, cervical myelopathy and Bell's palsy. Treatment to date has included bilateral knee arthroscopies and conservative care including diagnostics, medications and acupuncture. NCS (nerve conduction studies) of the bilateral upper extremities dated 4-05-2010 revealed a normal study. Per the Primary Treating Physician's Progress Report dated 7-15-2015, the injured worker reported neck pain radiating down the left arm exacerbated upon extension of the arm. Magnetic resonance imaging (MRI) showed C3-6 cord compression and cervical stenosis. Multiple myeloma is in remission and he has had Bell's palsy. Physical examination revealed 5 out of 5 strength in all extremities. There was radicular pain on the left. There was tenderness and decreased range of motion of the cervical spine. The plan of care included diagnostics and authorization was requested for brain magnetic resonance imaging (MRI) and NCS of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brain MRI with & without contrast QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, MRI of brain is recommended under certain criteria. 1) Determine neurological deficits not explained by MRI; 2) Evaluate prolonged interval of disturbance in consciousness and 3) Define evidence of acute changes superimposed on prior trauma. Imaging was ordered reportedly due to new onset Bell's palsy. Most cases of Bell's palsy is self-limited. It is unclear from documentation if the requesting provider is worried about some life threatening pathology that may be cause of the deficit. It is unclear how the Bell's palsy relates to patient's injury. Due to lack of rationale, MRI of brain is not medically necessary.

Nerve Conduction Study for the right upper arm QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat routine evaluation of patients for nerve entrapment. It is recommended in cases where there is signs of median or ulnar nerve entrapment. There is no change in physical exam or signs of nerve entrapment. There is no rationale provided for requested test except for concern for radicular pain which is not what this test is indicated for. NCV is not medically necessary