

<b>Case Number:</b>	CM15-0162964		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Physical Medicine & Rehabilitation

### 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 30 year old male who sustained an industrial injury on 02-06-2013. Current diagnoses include cervical spine strain-sprain, herniated cervical disc with radiculitis-radiculopathy, left shoulder strain-sprain, rule out tendinitis impingement, left shoulder parascapular strain-sprain, mild back strain-sprain, chronic left thoracic outlet syndrome, symptoms of anxiety and depression, insomnia, rule out reflex sympathetic dystrophy, and sexual impairment. Report dated 05-01-2015 noted that the injured worker presented with complaints that included difficulty sleeping due to cervical pain, unable to turn head due to pain, increased pain and discomfort of the lumbar spine with radiation down to the right foot, and feeling of needles in the bottom of the foot. Physical examination performed on 05-01-2015 was positive for decreased cervical spine and lumbar spine range of motion, foraminal compression, Spurling's test, and straight leg test is positive, tightness and spasms are noted in the trapezius, sternocleidomastoid, straps muscle, and lumbar paraspinal musculature, decreased sensation in the anterior lateral aspect of the foot and ankle bilaterally, and weakness with big toe dorsi flexion and plantar flexion. Previous treatments included medications, acupuncture. The treatment plan included requests for a referral to a physician who specializes in complex regional pain syndrome, Stella ganglion has been authorized, pending authorizations for a bone scan to rule out reflex sympathetic dystrophy, venous doppler for left thoracic outlet syndrome, acupuncture to decrease pain and restore function, and urology consultation secondary to sexual dysfunction, and renewed medications, and return in 4 weeks for follow up. The injured worker is temporarily totally disabled. Primary treating physician report dated 12-08-2014 notes that the

request for a MRI arthrogram of the brain was recommended by the neurologist in 09-2014. Per primary treating physician report dated 12-08-2014, the neurologist recommended that the injured worker undergo a MRI scan of the brain and an EEG to "provide useful information, particularly whether the patient has any focal slow activity." Request for authorization dated 05-22-2015, included requests for referral to a pain management specialist, bone scan MRI arthrogram of the brain, arterial venous doppler, acupuncture, and urology consultation. The utilization review dated 08-12-2015, non-certified the request for MRI arthrogram of the brain based on "no documented indications for the proposed study".

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI Arthrogram 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), Head, MRA (magnetic resonance angiography).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter under MRA (Magnetic Resonance Angiography).

**Decision rationale:** Based on the 7/13/15 progress report provided by the treating physician; this patient presents with increased left shoulder pain that "feels as though it is about to pop out", increased cervical spine pain. The treater has asked for MRI Arthrogram [MR Angiogram] of the Brain but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient also complains of lumbar spine pain that radiates down to his right foot with needling sensation at bottom of his foot per 5/1/15 report. The patient is s/p ganglion blocks which failed to provide relief per 7/13/15 report. The patient rates his overall pain as 8-9/10 on VAS scale per 6/8/15 report. The patient's symptoms are increasing and even the simplest activities cause him to be in pain per 5/1/15 report. The patient's work status is temporarily totally disabled per 7/13/15 report. ODG guidelines, Head Chapter under MRA (Magnetic Resonance Angiography): Recommended as indicated below. Since the development of CT in the mid-1970s, the need for cerebral angiography for head injury has dramatically declined. Cerebral angiography has a role in demonstrating and managing traumatic vascular injuries such as pseudoaneurysm, dissection, or diagnosis and neuro-interventional treatment of uncontrolled hemorrhage. Vascular injuries typically occur with penetrating trauma (i.e., gunshot wound or stabbing), basal skull fracture, or trauma to the neck. MRA is helpful for screening of vascular lesions such as thromboses, pseudoaneurysms, or dissection. Dynamic spiral CT angiography (CTA) and magnetic resonance angiography (MRA) have a role as less invasive screening tools for detection of traumatic vascular lesions. MRA and fat-suppressed T1-weighted MR or CTA may reveal carotid or vertebral dissection, although angiography remains the standard. (Davis, 2008) Indications for magnetic resonance angiography: Closed head injury, rule out carotid or vertebral artery dissection; Penetrating injury, stable, neurologically intact; Minor or mild acute closed head injury, focal neurologic deficit and/or risk factors, if vascular injury is suspected, for

problem solving. In 12/18/14 report, the treater requests a MRA of the brain, stating: "neurological report recommends the patient to undergo MRI scan of the brain and electroencephalogram could also provide useful information, particularly whether the patient has any focal slow activity". Per utilization review letter dated 8/12/15, the request is denied as "patient has no documented indications for the proposed study". ODG guidelines recommend MRA of brain for a head closed injury to rule out carotid or vertebral artery dissection, penetrating injury, or mild/minor acute closed head injury with focal neurological deficits and/or risk factors. However, treater does not discuss any neurological findings to support the request. The patient does not have a history of head trauma, and does not present with any neurologic symptoms, or red flags. There are no discussions of a penetrating injury, or mild/minor acute closed head injury with focal neurological deficits, or that a vascular injury of the head is suspected as per ODG criteria. In this case, the patient does not meet guideline requirements for an MR Angiogram of the brain. Therefore, the request is not medically necessary.