

Case Number:	CM15-0166188		
Date Assigned:	09/03/2015	Date of Injury:	06/01/2012
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California

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 45-year-old female who sustained an industrial injury on 6-1-12. The mechanism of injury was unclear. She currently continues to complain of significant right shoulder pain and stiffness radiating around her neck with neck spasms and headaches extending from the back of the head around the right side of her face and into her jaw and eye. Her right shoulder pain radiates to the right hand and is worsening with treatment. There was right shoulder joint tenderness. She experiences sleep disturbances. She has difficulties with activities of daily living. Medications include valerian root, melatonin, cyclobenzaprine, Norco, orphenadrine, Prozac. Diagnoses include frozen shoulder; neck pain; degenerative disc disease; facial pain; chronic pain syndrome; status post right shoulder surgery (2013); cervical radiculitis; cervical radiculopathy. Treatments to date include medications; epidural steroid injection; six visits of manual manipulation; 18 post-operative physical therapy sessions. Diagnostics included MRI of the right shoulder (1-2013); cervical MRI (3-19-15) showing C5-6 and C6-7 degenerative disc disease. In the progress note, dated 7-30-15 the treating provider's plan of care included a request for MRI of the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain 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, 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 chapter and pg 27.

Decision rationale: According to the guidelines, 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. In this case, there was concern for problems at the base of the skull. There were no neurological or brain stem findings. There was no CT scan for comparison. There was a neurology consultation pending. The request for an MRI of the brain for jaw and facial pain is not medically necessary.