

<b>Case Number:</b>	CM15-0188016		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for headaches, chest pain, upper extremity pain, and blurred vision reportedly associated with an industrial injury of January 25, 2013. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve a request for MRI imaging of the brain with MR angiography. An August 10, 2015 office visit and an associated August 18, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On July 24, 2015, the applicant was placed off of work, on total temporary disability. Multifocal complaints of mid back, wrist, and neck pain with derivative complaints of depression and reportedly decreased left eye vision were evident. The applicant also reported issues of "hallucinations," depression, anxiety, and insomnia, it was stated in various sections of the note. The applicant did exhibit a normal gait. The applicant's vision was not assessed on this date. There was no mention of the need for MRI imaging of the head at this point. On July 9, 2015, the applicant's pain management physician reported that another provider had ordered MRI imaging of the brain, MRI imaging of the thoracic spine, and carotid duplex ultrasound. On February 25, 2015, the treating provider that brain MRI imaging was pending. The treating provider reported that MRI imaging of the brain, blood test, and a cerebral angiogram had all been endorsed by a Qualified Medical Evaluator (QME). The applicant was placed off of work, on total temporary disability while Elavil and Topamax were renewed. The applicant was described as having a moderately severe depression present at this point. On August 10, 2015, the applicant reported persistent complaints of chest pain, upper extremity pain, blurry vision, and headaches. Once

again, the applicant's vision was not formally assessed. The applicant was not working, it was acknowledged. The attending provider again stated that a medical-legal evaluator had endorsed MRI imaging of the brain with MR angiography to rule out vertebrobasilar dissection and a carotid duplex ultrasound. Various laboratory testing were also endorsed, again reportedly on the recommendations of a medical-legal evaluator. Once again, the applicant was placed off of work, on total temporary disability. The attending provider also suggested that the applicant obtain an EEG to rule out any seizure activity.

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

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

#### **MRI of the brain with magnetic resonance angiography: 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 chapter - Magnetic Resonance Imaging.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. American College of Radiology Revised 2015 (Resolution 10) PRACTICE PARAMETER FOR THE PERFORMANCE OF CERVICOCEREBRAL MAGNETIC RESONANCE ANGIOGRAPHY MRA 2. American College of Radiology Amended 2014 (Resolution 39) PRACTICE PARAMETER FOR THE PERFORMANCE AND INTERPRETATION OF MAGNETIC RESONANCE IMAGING (MRI) OF THE BRAIN.

**Decision rationale:** No, the request for MRI imaging of the brain with magnetic resonance angiography was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the American College of Radiology (ACR) acknowledges that indications for MRI imaging of the brain include the evaluation of neoplastic conditions, masses, ischemia, infarction, vascular malformations, arterial and/or venous sinus abnormalities, etc., and while the American College of Radiology (ACR) notes that indications for magnetic resonance angiography (MRA) of the brain include identifying the presence of atherosclerotic occlusive disease, thromboembolic phenomenon, intracranial hemorrhage, identification of relevant vascular anatomy for pre-procedural evaluation purposes, to identify intracranial aneurysms and/or malformations, etc., here, however, the attending provider did not clearly state precisely what was suspected. The attending provider did not state precisely what was suspected. The attending provider did not state precisely what was sought. The attending provider stated on October 10, 2015 that the MRI imaging and MRA imaging had been ordered to "rule out" a vertebrobasilar dissection. The attending provider, thus, acknowledged that he did not have any clearly formed suspicion of either consideration. The fact that the attending provider ordered a "cardiology workup," a carotid duplex ultrasound, MRI imaging of the brain, MR angiography of the brain, an EEG, an ESR, etc., on the same office visit of August 10, 2015, taken together, strongly suggested that the attending provider did not have any clear clinical suspicion of any of the issues for which MRI and/or MRA imaging are indicated to evaluate, per the American College of Radiology (ACR). The attending provider further stated that he was putting through many of the requests in question at the request of a Qualified Medical Evaluator (QME), without any clear clinical suspicion of the foregoing. Therefore, the request was not medically necessary.



