MAXIMUS Federal Services

| Case Number: | CM15-0201302 | | |
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| Date Assigned: | 11/05/2015 | Date of Injury: | 01/14/2014 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 10/07/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

## 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 58 year old female, who sustained an industrial injury on 1-14-2014. A review of the medical records indicates that the injured worker is undergoing treatment for status post right carpal tunnel release. On 8-25-2015, the injured worker reported neck pain worse after the hand surgery, The Primary Treating Physician's report dated 8-25-2015, noted the injured worker reported that three weeks after her carpal tunnel release on 3-3-2015 she began having numbness and tingling, dropping things constantly. The physical examination was noted to show the injured worker awake, alert, and oriented with diminished neck flexion to about 45 degrees with neck pain, collapsing weakness of all muscle groups tested, and diminished sensation over the digits, surfaces of the hands, arm, forearm, and shoulder. The subjective distribution of the injured worker's worsening pain on the right hand appeared to be more radicular with the exam showing numbness diffusely over arms, shoulders, and sides of neck. The Physician noted a C-spine MRI was negative for syrinx or central cord syndrome, with the neurological exam notable for collapsing weakness in almost every muscle group tested in the upper extremity. The injured worker was noted to have a history of hypertension and diabetes, risk factors for stroke. Prior treatments have included carpal tunnel release 3-3-2015, physical therapy, occupational therapy, topical compound creams and medications including Ibuprofen. The treatment plan was noted to include a recommendation for an MRI of the brain to evaluate for chronic stroke or other lesion to explain the bilateral upper extremity pattern of numbness and right pronator drift. The request for authorization was noted to have requested magnetic resonance imaging (MRI) of the brain. The Utilization Review (UR) dated 10-7-2015, denied the request for magnetic resonance imaging (MRI) of the brain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the brain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** The requested Magnetic resonance imaging (MRI) of the brain is not medically necessary. CA MTUS is silent on this clinical issue. Official Disability Guidelines (ODG), Head, MRI (magnetic resonance imaging) note that this imaging study is recommended: "not explained by CT; to evaluate prolonged interval of disturbed consciousness; to define evidence of acute changes super-imposed on previous trauma or disease." The injured worker has worsening pain on the right hand appeared to be more radicular with the exam showing numbness diffusely over arms, shoulders, and sides of neck. The Physician noted a C-spine MRI was negative for syrinx or central cord syndrome, with the neurological exam notable for collapsing weakness in almost every muscle group tested in the upper extremity. The injured worker was noted to have a history of hypertension and diabetes, risk factors for stroke. The treating physician has not documented the following details: history of altered sensorium associated with headaches, physical exam findings indicative of intracranial pathology, nor red flag conditions. The criteria noted above not having been met, Magnetic resonance imaging (MRI) of the brain is not medically necessary.