

Case Number:	CM15-0202055		
Date Assigned:	10/16/2015	Date of Injury:	08/11/2014
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/14/2015

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 47 year old female, who sustained an industrial injury on 8-11-2014. A review of the medical records indicates that the injured worker is undergoing treatment for C4-C5 and C5-C6 herniated nucleus pulposus (HNP) with spinal stenosis and lumbar spine sprain-strain with disc protrusion. On 9-8-2015, the injured worker reported cervical spine pain and stiffness with occasional pain to the bilateral upper extremities with decreased lumbar spine pain with some left pain, and headaches. The Primary Treating Physician's report dated 9-8-2015, noted the injured worker's second cervical spine epidural steroid injection (ESI) helped to decrease pain. The physical examination was noted to show decreased range of motion (ROM) of the cervical spine, with tenderness to palpation of the cervical, thoracic, and lumbar spines. Prior treatments have included lumbar epidural steroid injection (ESI), Tramadol, Meloxicam, Naproxen, and physical therapy. The treatment plan was noted to include proceed with aqua physical therapy, increase home exercise program (HEP), and request for MRI of the head with possible neuro evaluation in the future for headaches. The request for authorization dated 9-24-2015, requested a MRI of the head without contrast. The Utilization Review (UR) dated 10-1-2015, denied the request for a MRI of the head without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI head without contrast: 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), page 212.

Decision rationale: Indications for MRI of the head without contrast may be performed to determine neurological deficits not explained by CT, evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super-imposed on previous traumatic disease, not demonstrated here. The patient has history of chronic cervical pain without any head trauma, acute change in neck symptoms, progressive clinical findings with neurological deficits identified to support this imaging study outside the guidelines criteria. The MRI head without contrast is not medically necessary and appropriate.