

Case Number:	CM15-0202687		
Date Assigned:	10/19/2015	Date of Injury:	06/26/2015
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This injured worker is a 50 year old male who reported an industrial injury on 6-26-2015. His diagnoses, and or impressions, were noted to include: head injury with headache; cervical sprain-strain-pain with muscle spasms; lumbar sprain-strain with muscle spasms; and right shoulder bursitis and impingement syndrome. No imaging studies were noted. His treatments were noted to include: physical therapy (July - Aug., 2015); chiropractic treatments (9-23-15); medication management; and a return to full duty work. The progress notes of 9-23-2015 reported: constant, moderate achy neck pain; intermittent, mild achy low back pain; constant, moderate achy right shoulder pain; and that he was currently working for his pre-injury employer. The objective findings were noted to include: a mild antalgic gait with mild limp; tenderness and spasms to the cervical para-vertebral muscles, with decreased cervical range-of-motion; tenderness and spasms to the lumbar para-vertebral muscles; and tenderness to the anterior right shoulder, with positive Neer's and Hawkins signs, and decreased range-of-motion. The physicians request for treatment was noted to include magnetic resonance imaging of the brain due to worsening mechanical painful symptoms and failure of plain film x-ray to reveal source of pain. The Request for Authorization, dated 9-23-2015, was noted to include magnetic resonance imaging of the brain due to worsening mechanical painful symptoms and failure of plain film x-rays to reveal source of pain. The Utilization Review of 9-30-2015 non-certified the request for a magnetic resonance imaging of the brain with contrast material.

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 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 Chapter, MRI (magnetic resonance imaging).

Decision rationale: Regarding the request for MRI of the brain without contrast, California MTUS does not address the issue. ODG cites that CT is indicated for focal neurologic deficits and MRI is indicated to determine neurological deficits not explained by CT. Neuroimaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. Within the documentation available for review, there is documentation of headaches and a mild antalgic gait with mild limp, but no clear rationale for the use of MRI. There are no red flags or a deteriorating condition which an MRI would be necessary. In light of the above issues, the currently requested MRI of the brain without contrast is not medically necessary.