MAXIMUS Federal Services

Case Number:	CM15-0206954		
Date Assigned:	10/26/2015	Date of Injury:	03/07/2007
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/21/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 54 year old female who sustained an industrial injury on 03-07-2007. Medical records indicated the worker was treated for cervical spondylosis with myelopathy. Treatments included right shoulder surgery (05-19-2015). In the provider notes of 08-06-2015, the worker continues with multiple areas of pain including her neck, low back, bilateral shoulder, bilateral knee pain and her headaches. She has seen a neurologist for her chronic headaches. She reports her medications as helpful. Medications include gabapentin for nerve pain, Tylenol #3 for moderate to severe pain, and Flector patches for inflammation. The worker describes her pain as aching in the neck, back, and right shoulder with electrical shock-like pain in her right upper and low extremity. She rates the pain without medications as a 9-10 on a scale of 0-10, and pain after medication and 8 on a scale of 0-10. On exam, the right shoulder shows healed and clean surgical incision with swelling in the right upper arm. There is severe decreased range of motion due to pain, and strength is 4+ out of 5. Testing includes a bilateral upper extremity, electromyogram-nerve conduction velocity (07-15-2014), a cervical MRI (03-03-2014), a right and left shoulder x-ray (02-27-2014), a right shoulder MRI (07-02-2014) and a left shoulder MRI (07-02-2014). According to notes from 08-06-2015, the worker denied any new symptoms or neurologic changes. A request for authorization was submitted 10-07-2015 for MRI of the brain. A utilization review decision 10-09-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head.

Decision rationale: The CA MTUS is silent on the issue of brain MRI. According to the ODG-TWC head section, Magnetic Resonance Imaging (MRI) is a well-established brain imaging study in which the individual is positioned in a magnetic field and a radio-frequency pulse is applied. Due to its high contrast resolution, MRI scans are superior to CT scans for the detection of some intracranial pathology, except for bone injuries such as fractures. MRI may reveal an increased amount of pathology as compared with CT. MRI scans are useful to assess transient or permanent changes, to determine the etiology of subsequent clinical problems, and to plan treatment. MRI is more sensitive than CT for detecting traumatic cerebral injury. 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. 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, the worker was injured in 2007 and treated for cervical spondylosis and chronic pain/ headaches. The submitted documentation from 8/11/15 does not support reasoning for getting a brain MRI that fulfills the criteria set forth in the guidelines. All documentation states that the worker denies any new symptoms or neurological changes. Therefore, the request is not medically necessary.