

Case Number:	CM15-0025664		
Date Assigned:	02/18/2015	Date of Injury:	04/18/2012
Decision Date:	03/26/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/10/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 51 year old female sustained an industrial injury via repetitive trauma to bilateral knees on 4/18/12. The injured worker subsequently developed back, neck and bilateral upper extremity pain and headaches. In an initial neurologic evaluation dated 1/28/15, the injured worker reported constant headaches rated 4-7/10 on the visual analog scale associated with dizziness, blurred vision, nausea, anxiety, sleep difficulty and sensitivity to light and sound. The injured worker also complained of constant pain to the back of the neck with radiation to the right arm, intermittent bilateral upper extremity pain, back pain and bilateral lower extremity pain. The injured worker was currently working with restrictions. Physical exam was remarkable for head with tenderness over the greater occipital nerves, tenderness to palpation to the cervical spine with spasm and restricted range of motion, weakness to bilateral hands and decreased sensation to bilateral hands. The neurologist's impression was cervicogenic headaches and cervical spine musculoligamentous strain. The treatment plan included magnetic resonance imaging brain, continuing noncertified-steroidal anti-inflammatory drugs and follow up in four weeks. On 2/5/15, Utilization Review noncertified a request for MRI of the brain, citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

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 (trauma, headaches, etc., not including stress & mental disorders)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 329 - 353.

Decision rationale: The date of injury was 04/18/2012 and the injury was repetitive trauma to the knees. ACOEM Chapter 13, Knee Complaints do not mention a MRI of the head as a diagnostic test needed to evaluate knee complaints. She developed neck and back complaints and the same can be said for ACOEM Chapter 8 (neck and upper back) and Chapter 12 (low back complaints) that a MRI of the head is not a diagnostic test to evaluate neck and back complaints. The recent neurologist's evaluation impression was cervicogenic headaches. The requested MRI is not medically necessary for the evaluation of the occupational injury.