

<b>Case Number:</b>	CM15-0042869		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 3/17/2014. She reports a trip and fall, injuring her face, neck and both shoulders. Diagnoses include cervical sprain/strain, cervical herniated nucleus pulposus, cervical radiculopathy, status post head injury and bilateral sprain/strain of shoulder. Treatments to date include right shoulder arthroscopy (7/11/2014). A progress note from the treating provider dated 1/8/2015 indicates the injured worker reported right side of the face pain, neck pain and bilateral shoulder pain with pain radiating down the arms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective MRI Head:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRI (magnetic resonance imaging).

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

**Decision rationale:** ODG states "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. (Cifu, 2009) See also Diffusion tensor imaging (DTI)." ODG provides additional 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. The treating physician does not provide documentation of neurological deficits, prolonged interval of disturbed consciousness or evidence of acute changes super-imposed on previous trauma or disease. The documentation provided does not indicate any red-flag symptoms that would warrant the need for further imaging. As such, the request for Head MRI is not medically necessary.