

Case Number:	CM15-0051221		
Date Assigned:	03/24/2015	Date of Injury:	05/29/2012
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, Illinois

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 37 year old male who sustained an industrial injury on 5/29/12. The injured worker reported symptoms in the neck, back, upper and lower extremities. The injured worker was diagnosed as having cervical disc protrusion, cervical radiculitis, lumbar disc protrusion, lumbar radiculopathy, right shoulder full rotator cuff tear and right shoulder bicipital tenosynovitis. Treatments have included home exercise program, nonsteroidal anti-inflammatory drugs. Currently, the injured worker complains of pain in the neck and back with radiation to the upper and lower extremities. The plan of care was for diagnostics and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI brain with diffusion tensor imaging: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Head chapter (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer 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) Diffusion tensor imaging (DTI).

Decision rationale: The injured worker sustained a work related injury on 5/29/12. The medical records provided indicate the diagnosis of cervical disc protrusion, cervical radiculitis, lumbar disc protrusion, lumbar radiculopathy, right shoulder full rotator cuff tear and right shoulder bicipital tenosynovitis. Treatments have included home exercise program, nonsteroidal anti-inflammatory drugs. The medical records provided for review do not indicate a medical necessity for MRI brain with diffusion tensor imaging. The MTUS is silent on MRI brain with diffusion tensor imaging, the Official Disability Guidelines recommends against using it as a diagnostic tool; though it recommends it for research purposes. Therefore the request is not medically necessary.

1 request of EEG/BNA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head chapter (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer 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) EEG (neurofeedback).

Decision rationale: The injured worker sustained a work related injury on 5/29/12. The medical records provided indicate the diagnosis of cervical disc protrusion, cervical radiculitis, lumbar disc protrusion, lumbar radiculopathy, right shoulder full rotator cuff tear and right shoulder bicipital tenosynovitis. Treatments have included home exercise program, nonsteroidal anti-inflammatory drugs. The medical records provided for review do not indicate a medical necessity for 1 request of EEG/BNA. The MTUS is silent on Electroencephalography(EEG); but the Official Disability Guidelines's criteria for EEG is, " If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation." The records reviewed do not indicate the injured worker has deteriorated. The MTUS, the National Guidelines Clearinghouse and the Official Disability Guidelines are all silent on Brain Network Activation. Therefore the request is not medically necessary.