

Case Number:	CM15-0051904		
Date Assigned:	03/25/2015	Date of Injury:	05/19/2014
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/19/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old man sustained an industrial injury on 5/19/2014. The mechanism of injury is not detailed. Evaluations include MRI of the lumbar spine and bilateral upper and lower extremity electromyogram/nerve conduction velocities. Diagnoses include chronic low back pain, lumbar degenerative disc disease, possible lumbar discogenic pain, possible lumbar radiculitis pain, thoracic pain, neck pain, cervical degenerative disc disease, cervical facet pain, cervical foraminal stenosis, and myalgia. Treatment has included oral and topical medications, physical therapy, home exercise program, psychological treatment, and cervical facet injections. Physician notes dated 2/12/2015 show complaints of migraines, neck, and low back pain described as unchanged. It is rated 8-9/10 without medications and 5-6/10 with medications. Recommendations include continue physical therapy, massage therapy for the neck and low back, cervical and brain MRI, continue Naproxen and Gabapentin, continue treatment with the psychologist, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated June 4, 2013), MRI (Magnetic Resonance Imaging) and Other Medical Treatment Guidelines <http://emedicine.medscape.com/article/1161518-workup#a0720>.

Decision rationale: MTUS guidelines are silent regarding the indication of MRI in case of suspicion of brain disease. According to ODG guidelines, MRI is indicated to determine neurological deficit not explained by CT scan, to evaluate prolonged interval of disturbed consciousness and to define evidence of acute changes superimposed to previous trauma or disease. There is no documentation of accurate deficits, loss of consciousness, or focal neurological signs suggestive of brain disease. There is no documentation about an abnormal mental status or cranial nerve exam. Therefore, the request for brain MRI is not medically necessary.