

Case Number:	CM15-0054238		
Date Assigned:	03/27/2015	Date of Injury:	04/24/2014
Decision Date:	05/04/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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: California

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 71 year old male who sustained an industrial injury on 04/24/2014. Diagnoses include occipital neuralgia, cervical facet arthropathy, cervical myofascial strain, bilateral carpal tunnel syndrome, and tinnitus. Treatment to date has included diagnostic studies, medications, and trigger point injection of the bilateral trapezius. A physician progress note dated 01/15/2015, documents the injured worker complains of headaches and neck pain in the occipital region bilaterally that radiates to the front of his scalp. He has numbness and tingling in his bilateral hands that radiates to the first 3 digits on both hands. He has continued difficulty hearing since the accident. He rates his pain as 9 out of 10. He reports bilateral burning in the shins and calves with numbness in the feet. The treatment plan is for physical therapy, neurology consult, and a follow up in 6 weeks. Treatment requested is for Magnetic Resonance Imaging of the brain.

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, Head - MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head (trauma, headaches, etc., not including stress & mental disorders), MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that indications for magnetic resonance imaging of the brain are: 1) To determine neurological deficits not explained by CT, 2) To evaluate prolonged interval of disturbed consciousness, and 3) To define evidence of acute changes super-imposed on previous trauma or disease. There is no documentation of acute changes or neurologic deficits. MRI of the brain is not medically necessary.