

Case Number:	CM15-0055403		
Date Assigned:	03/30/2015	Date of Injury:	01/02/2009
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
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: 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:

The 66-year-old female injured worker suffered an industrial injury on 01/02/2009. The diagnoses included cervical degenerative disc disease with stenosis, lumbar degenerative disc disease with radiculopathy and herniated discus pulpus and facet arthropathy and left shoulder arthralgia. The injured worker had been treated with medications and epidural steroid injections. On 12/11/2014 and 3/8/2015. The treating provider reported low back pain 9/10 and neck pain 8/10. There was tenderness at the neck and base of the skull with associated nausea and vomiting along with pain radiating to the left scapula. The back complaints have been increasing and continue with headaches but have been minimal since the epidural steroid injections. There was diffuse tenderness over the cervical and lumbar spine. The treatment plan included MRI 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 with and without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI (magnetic resonance imaging); Head.

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 MRI of the brain with and without contrast is not medically necessary.