

Case Number:	CM15-0060823		
Date Assigned:	04/07/2015	Date of Injury:	08/03/2011
Decision Date:	05/06/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/31/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 42 year old male patient who sustained an industrial injury on 08/03/2011. He has undergone psychological consultation 09/16/2014. The patient has undergone magnetic resonance imaging study 03/11/2015. A primary treating office visit dated 10/13/2014 reported the patient requiring a neurology consultation to assess the magnetic resonance findings. The impression noted L5-S1 disc bulge with bilateral S1 radicular pain. Severe reactive depression with psychotic features and somatoform disorder. Bilateral foci in the periventricular and subcortical white matter. Posttraumatic stress disorder. Current medications showed Neurontin 600mg one BID and Medrox patches. A neurological consultation performed on 03/03/2015 reported the patient with a lower spine injury. Prior treatment involved steroid injection, wheelchair, walker. He is currently taking Duloxetine and Gabapentin. His current complaints are of having significant lower back pain and leg pain. In addition, he complains of headaches and shoulder pain. He is diagnosed with psychogenic lower extremity paralysis versus central nervous system abnormality. The patient remains temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain (repeat): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, MRI Section, Neck and Upper Back Chapter, MRI Section, Low Back Chapter, MRI Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, head chapter.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested service. The ODG chapter on head injuries states: MRI imaging is indicated to determine neurologic deficits not explained by CT, to evaluate prolonged interval of disturbed or altered consciousness and to define evidence of acute changes super-imposed on previous trauma or disease. In this case the patient has previously had 2 neuroimaging studies. There is no indication of new findings on physical exam or changes that would warrant a repeat MRI per the ODG recommendations and therefore the request is not medically necessary.