

Case Number:	CM15-0086713		
Date Assigned:	05/08/2015	Date of Injury:	02/19/2015
Decision Date:	06/17/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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: Colorado

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 43 year old male who sustained a work related injury February 19, 2015. While driving, he swerved and hit a tree at 50 miles per hour. He didn't remember the event and complained of left wrist pain with no evidence of fracture. CT of the chest, abdomen/pelvis, and head, were negative. The primary impression was concussion. According to a treating physician's progress report, dated April 7, 2015, the injured worker presented with headaches, dizziness, neck pain, and lower back pain. There is tenderness and decreased range of motion of the cervical spine. He has low back pain with extension and flexion and decreased range of motion and left and right paraspinal spasms. Diagnoses are concussion with loss of consciousness; cervical radiculopathy; lumbosacral neuritis. At issue is the request for authorization for an 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 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, Head Chapter - MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 4-5.

Decision rationale: The MTUS Guidelines do not address the use of MRI, so the ACOEM Guidelines were consulted. MRI is recommended for patients with: Significant trauma with no improvement in significantly painful or debilitating symptoms; A history of neoplasia (cancer), Multiple neurological abnormalities that span more than one neurological root level; Symptoms or signs of myelopathy; or Subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom dermatomal and myotomal symptoms are not trending towards improvement if either injection is being considered or both the patient and surgeon are considering early surgical treatment if supportive findings on MRI are found. MRI is not recommended for acute radiculopathy, unless patient has progressive neurological symptoms or severe impairment, and injections or early surgical intervention are being considered. For the patient of concern, the records clearly indicate patient just completed MRI of Brain March 2015. In the most recent clinic note, in which further neurological evaluation is recommended and MRI of brain requested, it is unclear if treating provider is aware patient has just completed an MRI of brain, No specific neurological changes are documented since that MRI of brain that would warrant updated imaging. The MRI of brain is therefore not medically necessary.