

Case Number:	CM15-0098777		
Date Assigned:	06/01/2015	Date of Injury:	12/16/2013
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, New York, 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 applicant is a represented 48-year-old who has filed a chronic neck, low back, mid back, shoulder pain with derivative complaints of headaches reportedly associated with an industrial injury of December 16, 2013. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve a request for MRI imaging of the brain. The claims administrator referenced a progress note of March 12, 2015 and associated RFA form of March 30, 2015 in its determination. The applicant's attorney subsequently appealed. On May 1, 2015, the applicant reported ongoing complaints of neck pain, headaches, mid back pain, and low back pain. The applicant was reportedly working on a part time basis, it was stated. The applicant was smoking six cigarettes a day. The applicant has developed issues with weight gain, psychological stress, and depression, it was reported. Multiple medications were renewed, including Neurontin, Naprosyn, Protonix, Flexeril, and Ultracet. Additional chiropractic manipulative therapy was endorsed while the applicant returned to part-time work. MRI imaging of the brain, a physiatry referral, and urine drug testing were also endorsed. On March 30, 2015, the applicant was again described as working on a part-time basis, at a rate of four hours a day. At times, severe complaints of headaches were reported. The applicant was again returned to part time work while multiple medications were renewed. The remainder of the file was surveyed on several occasions. While the applicant did apparently undergo MRI imaging of the shoulder, MRI imaging of the lumbar spine, MRI imaging of the thoracic spine, MRI imaging of cervical spine at various points in 2014 and 2015, it did not appear that the applicant had previous brain MRI imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Brain: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Head MRI (magnetic resonance imaging).

Decision rationale: Yes, the request for MRI imaging of the brain was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, ODGs Head Chapter MRI Imaging topic notes that MRI imaging is a "well established imaging study" which can be employed to detect traumatic cerebral injury. Here, the applicant was described as having at-times severe headaches. Moving forward with what appeared to be first time MRI imaging to determine the etiology of the applicant's headaches was, thus, indicated. Therefore, the request was medically necessary.