

<b>Case Number:</b>	CM14-0113832		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/11/2006
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic low back pain, neck pain, myofascial pain syndrome, depression, headaches, and anxiety reportedly associated with an industrial injury of January 11, 2006. In a Utilization Review Report dated July 1, 2014, the claims administrator denied a request for MRI imaging of the brain without contrast. The applicant's attorney subsequently appealed. On March 13, 2014, the applicant was described as having persistent complaints of headaches, shoulder pain, wrist pain, back pain, leg pain, and foot numbness. The applicant was using Motrin, Prilosec, Risperdal, metformin, ketoprofen, diltiazem, Celexa, Lipitor, Xanax, and vitamins, it was stated. The applicant is given diagnoses of posttraumatic headaches, chronic myofascial pain syndrome, lumbar radiculopathy, wrist internal derangement, and bilateral shoulder pain. Electrodiagnostic testing of the lower extremities, aquatic therapy, and home exercises were endorsed. In a progress note dated April 24, 2014, the applicant was given prescriptions for aquatic therapy, topiramate, and Naprosyn. Posttraumatic headaches were still the primary operating concern. The applicant was not currently working, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast, brain:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Revised 2008 (Resolution 21) ACR-ASNR practice guideline for the performance and interpretation of magnetic resonance imaging (MRI) of the brain

**Decision rationale:** The MTUS does not address the topic. As noted by the American Society of Neuroradiology (ASNR), primary indications for MRI imaging of the brain include evaluation of headaches, the principal operating diagnosis here. Extended indications for MRI imaging of the brain, per ASNR, include evaluation of brain tumor, reportedly suspected here, and posttraumatic conditions, also evident/suspected here. Given the persistent complaints of headaches which have proven recalcitrant to various analgesic and adjuvant medications, MRI imaging of the brain is needed to further evaluate the applicant's ongoing complaints. Therefore, the request is medically necessary.