

<b>Case Number:</b>	CM14-0114828		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/27/2013
<b>Decision Date:</b>	11/14/2014	<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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 33 year old man with a date of injury of 10/27/13. He was seen by his primary treating physician on 6/9/14 noting no improvement with a functional restoration program. He complained of pain in his lumbar/thoracic/cervical spine, shoulders and headaches without nausea, vomiting, visual disturbances or significant problems with thought. He noted that his symptoms were improving. His exam showed he walked with a non-antalgic gait. He had tenderness to palpation in his cervical, thoracic and lumbar paravertebral muscles and shoulders. He had 'patchy decreased sensation' in the upper extremities and no sensory deficit or motor weakness in his lower extremities. He had pain with range of motion of the cervical and lumbar spine. His diagnoses included closed head injury, cervical radicular syndrome, contusion and straining injury of cervical, thoracic and lumbar spine and cervical/thoracic/lumbar disc protrusion. At issue in this review is the request for a head MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the head:** 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), Treatment Index, 12th Edition (web), 2014, MRI (magnetic resonance imaging)

**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: Evaluation of headache in adults: uptodate

**Decision rationale:** The injured worker is a 33 year old man with a date of injury of 10/27/13 manifest by back pain and headaches. The provider visit of 6/14 documents an essentially normal neurologic exam with the exception of 'patchy decreased sensation' in his bilateral upper extremities. His symptoms are also said to be improving. In the absence of red flags or a focal neurologic exam, the medical necessity for an MRI of the head is not substantiated.