

Case Number:	CM14-0120948		
Date Assigned:	08/06/2014	Date of Injury:	08/26/2009
Decision Date:	10/14/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family 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 patient is a 44-year-old male, who has submitted a claim for headaches, herniated cervical disc and history of blunt trauma associated with an industrial injury date of August 26, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of on and off headaches and some neck pain. Physical examination showed, supple neck with no jugular venous distention and no thyromegaly. Tenderness was noted over the para spinal musculature. MRI of the cervical spine with flex-ext done on March 28, 2014 showed straightening of the cervical spine. Early disc desiccation was noted at C2-C3 to C6-C7 levels. Multi level diffuse disc protrusion was seen at the levels of C3-C7. Treatment to date has included medications. Utilization review from June 30, 2014 denied the request for Magnetic Resonance Imaging (MRI) of the brain done 03/29/14 because there was no documented neurological or cervical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the brain, done 03/29/14.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Cervical & Thoracic Spine Disorders, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, MRI

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG indications for brain MRI includes, to determine neurological deficits not explained by CT; to evaluate prolonged interval of disturbed consciousness; or to define evidence of acute changes super-imposed on previous trauma or disease. In this case, documents reviewed did not show any focal neurological deficits on the patient as there was no neurological examination done. Likewise, the history did not show any alteration in the consciousness of the patient or signs of acute changes secondary to trauma or disease. Therefore, the request for Magnetic Resonance Imaging (MRI) of the brain, done 03/298/14 is not medically necessary.