

Case Number:	CM14-0123795		
Date Assigned:	09/16/2014	Date of Injury:	06/21/2008
Decision Date:	10/22/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine & Rehabilitation is licensed to practice in Texas and Ohio. 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 52-year-old male who reported an injury on 06/02/2008 due to an unspecified mechanism of injury. The injured worker complained of head, neck, shoulder, mid back and lower back pain that was aching, stabbing, and burning that he rated a 7/10 to 8/10 without pain medication and a 5/10 to 6/10 with pain medication. The diagnoses included neck pain, chronic pain, myofascial pain, shoulder pain, rotator cuff disorder, chronic pain syndrome, dysthymic disorder, numbness, carpal tunnel syndrome, facet joint disease of cervical region, and degeneration of the cervical intervertebral disc. The medications included Tegretol, Norco, Lyrica, Motrin, metoprolol, and Prilosec. The physical examination dated 08/29/2014 revealed a well-developed, well-nourished and no acute distress. Alert and oriented x 3, normal heel to toe pattern, with upper extremities of 5/5 bilaterally. The injured worker denied any shortness of breath, vomiting, fever, sedation, bowel or bladder function and reported nausea, depression, insomnia, headaches, stomach upset, sleepiness, and constipation. The injured worker denied any heart or lung problems and denied any trauma. The injured worker was concerned about his memory problems and felt that his forgetfulness is getting worse. The treatment plan included an MRI of the brain. The Request for Authorization dated 09/16/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, Brain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES HEAD (MAGNETIC RESONANCE IMAGING)

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

Decision rationale: The California MTUS/ACOEM does not address. The Official Disability Guidelines indicate that the magnetic resonance imaging is recommended as indicated below. Due to high contrast volume MRI scans are superior to a CT scan for the detection of some intracranial pathology. Indications to determine neurological deficits not explained by a CT, to evaluate prolonged interval and disturbed consciousness and to define evidence of acute change superimposed on previous trauma or disease. The documentation did not indicate a prior CT scan had been performed. The documentation also indicated the injured worker was alert and oriented x 3. The injured worker had some concerns of forgetfulness and headaches. The injured worker is taking multiple medications. The injured worker also complains of back pain at the thoracic level. That could be a possible contributor to the headaches. The documentation was not evident of any circumstances that warrant an MRI. As such, the request is not medically necessary.