

Case Number:	CM14-0139153		
Date Assigned:	09/05/2014	Date of Injury:	08/27/2012
Decision Date:	10/09/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/28/2014

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 neck pain reportedly associated with an industrial injury of August 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; and reported diagnosis with shoulder labral tear and SLAP tear. In a Utilization Review Report dated August 6, 2014, the claims administrator denied a request for brain MRI imaging. In a July 18, 2014 progress note, the attending provider appealed the previously denied left shoulder surgery and MRI imaging of the brain. The applicant was seemingly off of work, it was suggested. Neck pain radiating into the bilateral arms was reported. The note was very difficult to follow and mingled current complaints with old complaints. It was suggested that the applicant was complaining of severe on and off of work headaches. It was stated that the applicant carried diagnosis of posttraumatic stress disorder versus postconcussion syndrome. The applicant was not working. The applicant was using Pamelor, Nucynta, Oxycodone, Zipsor, Inderal, Zanaflex, Ativan, and Benadryl, it was stated. The attending provider again stated that the applicant would remain off of work, on total temporary disability, and further reported that the applicant continued to have severe headaches following her trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI BRAIN WITH AND WITHOUT CONTRAST: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American Society of Neuroradiology (ASNR), Practice Parameter for the Performance and Interpretation of MRI Imaging of the Brain.

Decision rationale: The MTUS does not address the topic of brain MRI imaging. As noted by the American Society of Neuroradiology (ASNR), one of the primary indications for MRI imaging of the brain includes the evaluation of "posttraumatic brain injury," as is suspected here. The applicant apparently has ongoing complaints of headaches, which have seemingly persisted despite introduction of a variety of analgesic and adjuvant medications. MRI imaging to further evaluate the extent of the same is therefore indicated. Accordingly, the request is medically necessary.