

Case Number:	CM14-0173294		
Date Assigned:	10/24/2014	Date of Injury:	05/29/2009
Decision Date:	12/03/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/20/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 56 year old male with an injury date of 05/29/09. The 09/02/14 report by ■■■ states that the patient presents with constant, sharp, stabbing neck pain with radiation to bilateral upper extremities with numbness and tingling into the hands and weakness in the upper extremity. He also presents with left shoulder sharp, stabbing pain that increases with activities rated 8/10 and constant right shoulder pain that increases with lifting, pushing and pulling. There is also sharp, stabbing, severe chronic lumbar spine pain that radiates to the bilateral lower extremities greater right than left that increases with ambulation and prolonged sitting or standing. The treating physician also states the patient has severe headaches and his gastritis is improved. He occasionally ambulates with a walker and the report states the patient is temporarily totally disabled until 11/22/14. Examination of the cervical spine shows moderate pain becomes sharp and severe on left and right rotation and there is bilateral positive tenderness to palpation and spasm of: spinous area, anterior scalene and trapezius musculature. The following tests are positive bilaterally Cervical distraction, Maximum foraminal compression., Shoulder decompression, and Adson's. There is sensory decrease of the dorsum of the right hand and left posterior forearm. Upper extremities palpation and tenderness shows positive right AC joint, positive left subacromial space, positive right capsule, positive bilaterally soft tissues and post left osseous structures. Shoulder tests reveal: Apley's Scratch positive left, Supraspinatus positive right, Impingement positive left and right, Speed's Sign positive right Duga's test positive left. Thoracolumbar spine examination shows positive straight leg raise left and right with the following lumbar tests positive bilaterally: Kemp's, Milgram's, Valsalva, Braggard's and Lasegue's. For the lumbar exam there is decreased sensation in the right anterior leg and posterior thigh. The 05/24/12 MRI brain presents the following conclusion: Minimal

nonspecific punctuate signal abnormalities of the cerebral white matter, most likely related to chronic small vessel ischemic disease.No other significant abnormalities identified.The patient's diagnoses include:Chronic cervical spine herniated nucleus pulposus with radiculopathyChronic bilateral shoulder tendonitisChronic bilateral epicondylitisChronic carpal tunnel syndromeChronic lumbar spine herniated nucleus pulposus with radiculopathyStress, anxiety and depression worsening without treatmentUncontrolled diabetesThe utilization review being challenged is dated 09/17/14. The rationale is that previous MRI showed no structural abnormality and the neurologist AME offered the opinion that headaches were cervicogenic and no specific treatment is indicated for headaches. Reports were provided from 04/09/11 to 09/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient present with headaches, and constant neck pain radiating to the bilateral upper extremities with numbness and tingling along with bilateral shoulder pain and lumbar spine pain radiating to the bilateral lower extremities. The treating physician requests for MRI of the brain without contrast.ODG guidelines Head Chapter, MRI state that this is a well-established brain imaging study and is indicated as follows: "Explain neurological defects not explained by CT; to evaluate prolonged interval of disturbed consciousness, to define evidence of acute changes super-imposed on previous trauma or disease."On 09/02/14 the treating physician states that the patient continues to have severe headaches and an updated MRI of the brain is requested. The Request for Authorization provided shows the request is for a diagnosis of headaches. The treating physician does not discuss the 05/24/12 MRI Brain that is provided. The 04/05/12 AME from San Gabriel Valley Neurological states that in March 2009 the patient developed headaches and there was no head trauma or history of head trauma. The report also states, "It is more likely than not that the headaches are cervicogenic, and are muscle contraction in nature, caused by the cervical syndrome." The report further states no specific treatment for headaches is indicated. In this case, the treating physician does not discuss specific evidence or findings to support this request other than continued headaches. There is no discussion of unexplained neurological deficits, prolonged disturbed consciousness or the need to define evidence of acute changes per ODG criteria. Recommendation is not medically necessary.