

Case Number:	CM14-0092176		
Date Assigned:	09/12/2014	Date of Injury:	04/05/2011
Decision Date:	10/10/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/18/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 56-year-old female was reportedly injured on April 5, 2011. The mechanism of injury was noted as slipping out of a chair. The most recent progress note, dated August 3, 2014, indicated that there were ongoing complaints of chronic low back pain radiating into both lower extremities, neck pain, and shoulder pain. The physical examination demonstrated a normal mini mental status examination. Normal evaluation was of the heart, lungs, and abdomen. Upper and lower extremities are documented as "within normal limits." The clinician did not provide rationale for the necessity of an MRI of the brain in this document. No previous imaging studies have been provided of the brain or head. Previous treatment included MRI of the cervical and lumbar spine, pain management, physical therapy, and oral medications. A request had been made for MRI of the brain with special attention to the cerebellum and was not certified in the pre-authorization process on June 12, 2014.

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 brain with special attention to cerebellum: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com;section:Head (updated 3/28/2013)

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 ODG supports the use of MRI of the brain to determine neurological deficits not explained by CT, to evaluate prolonged intervals of disturbed consciousness, or to define evidence of acute changes superimposed over previous trauma or disease. Based on the clinical documentation provided, the claimant has demonstrated evidence of degenerative changes in both the cervical and lumbar spine producing both upper and lower extremity radiculopathy that has been managed with multiple oral medications and injections. A clear indication for the utilization of an MRI of the brain has not been provided. There was no documented neurological deficit of the brain that was not explained by CT nor is there indication that previous CT of the head was performed. There was no indication that there has been a prolonged interval of disturbed consciousness, and no documentation of previous trauma or disease causing neurological abnormalities. As such, the request is considered not medically necessary.