

Case Number:	CM14-0178888		
Date Assigned:	11/03/2014	Date of Injury:	03/27/2012
Decision Date:	01/29/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal 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 injured worker (IW) is a 59-year-old woman with a date of injury of March 27, 2012. The mechanism of injury occurred when was hit in the head by a rocket cart. The accepted injury is to the head. The current diagnoses are concussion without coma, headache, cervicgia, back pain, and visual problems. Treatment had included diagnostics, modified duty, and medications. Pursuant to the most recent progress report dated July 7, 2014, the IW complains of numbness and tingling in the leg. She is having problems with sugar and lipids due to inability to exercise. She is also having problems with dizziness and balance. Physical examination reveals continued neck and shoulder pain. There was no change in gait. Treatment plan recommendations include: Repeat MRI brain, internal medicine evaluation, orthopedic evaluation, and continuation of medication. It is unclear if the IW had an initial MRI brain or CT of the head. Current medications were not documented in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of brain: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI evaluation of the brain is not medically necessary. The guidelines recommend MRI imaging to evaluate a prolonged interval of disturbed consciousness, to define evidence of acute changes superimposed on previous trauma or disease and to determine neurologic deficits not explained by CT scan of the brain. In this case, the injured worker has been diagnosed with headaches and dizziness and balance issues. There is no documentation indicating a CAT scan of the brain was performed. Additionally there is no contraindication to a CAT scan. The medical record does not demonstrate any disturbances of consciousness, acute mental status changes or neurologic deficits. Consequently, MRI of the brain is not medically necessary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, MRI of the brain is not medically necessary.

Orthopedic evaluation for injections and shoulder surgery: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, page 127; Official Disability Guidelines (ODG); Pain Chapter, Office Visits

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, orthopedic evaluation for injections and shoulder surgery is not medically necessary. The guidelines recommend specialist consultations for specifically identified individuals for diagnostic and/or therapeutic interventions. In this case, there is insufficient objective documentation of significant shoulder deficits, such as limited range of motion, muscle weakness or positive provocative maneuvers. A progress note from June 5, 2014 lists diagnoses of concussion, headache, displaced lumbar intervertebral discs and sprain strain lumbar. There were no shoulder physical findings noted on the examination. There is an undated progress note that states pain remains the same in areas of neck and shoulder. Range of motion is full the plan was to repeat brain MRI, internal medicine evaluation, orthopedic evaluation for injection and shoulder surgery. There were no shoulder deficits noted on the physical examination. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, orthopedic evaluation for injections and shoulder surgery is not medically necessary.