

Case Number:	CM14-0198523		
Date Assigned:	12/08/2014	Date of Injury:	10/30/2012
Decision Date:	01/27/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/25/2014

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 neck, shoulder, and upper back pain reportedly associated with an industrial injury of October 30, 2012. In a Utilization Review Report dated November 10, 2014, the claims administrator failed to approve a request for brain MRI imaging while apparently approving an orthopedic shoulder surgery consultation. The claims administrator alluded to the applicant's having had earlier cervical fusion surgery. The claims administrator stated that its decision was based on progress notes of May 2, 2014 and October 28, 2014. The applicant's issues with psychological phobias were briefly alluded to. The applicant's attorney subsequently appealed. In a May 2, 2014 permanent and stationary report, the applicant reported ongoing complaints of neck pain, exacerbated by heavy lifting. The applicant was given a 26% whole person impairment rating. A permanent 15-pound lifting limitation was endorsed, resulting in the applicant's removal from the workplace, the attending provider acknowledged. On July 1, 2014, the applicant reported ongoing complaints of neck and shoulder pain. The applicant past medical history is notable for asthma. Physical therapy was endorsed. On July 29, 2014, the applicant reported ongoing complaints of neck pain. The applicant apparently had a "very unusual problem with her balance." The attending provider suggested that neurology consultation and MRI scan were needed to further workup the applicant's reported issues with balance, which the treating provider felt was not related to her underlying neck issues. On September 8, 2014, the applicant reported issues with chronic neck pain and derivative or secondary adjustment disorder with depression and anxiety also evident. The applicant did have a history of migraine headaches and fibromyalgia. The applicant's medications included Lyrica, Prozac, and Excedrin. The applicant did have intermittent, subjective gait instability, it was suggested. A diagnostic MRI imaging of the brain to include non-industrial processes was endorsed. The applicant was

asked to continue with Prozac and psychological counseling. The applicant did apparently exhibit a normal gait and normal cerebellar function in the clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI brain to rule out other non-industrial conditions: 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), MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR) Practice Parameter for the Performance and Interpretation of Magnetic Resonance Imaging of the Brain

Decision rationale: The MTUS does not address the topic. However, the American College of Radiology (ACR) notes that indications for MRI imaging of the brain include the evaluation of "epilepsy and movement disorders." Here, the applicant has alleged issues with gait disturbance, which the applicant's neurologist has apparently been unable to reproduce in the clinic setting. Obtaining MRI imaging to exclude some intracranial process or neoplastic process as the source of the applicant's gait disturbance and balance complaint is indicated, particularly given the duration of the same. The applicant reported gait disturbance issues on a neurology consultation on September 8, 2014, as well as on a follow-up visit of July 29, 2014. Obtaining MRI imaging to delineate the source of the applicant's alleged balance issues is indicated. Therefore, the request is medically necessary.