

<b>Case Number:</b>	CM14-0218021		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old female sustained an industrial related injury on 10/24/2013 when she slipped and fell on a wet floor. The initial results of the injury and initial diagnoses were not discussed. Per the most recent progress report (PR) prior to the request (12/02/2014), the injured worker's subjective complaints included severe low back pain, neck pain, headaches, dizziness, and frustration regarding the denial of neck surgery. Objective findings included, "No significant changes from previous exam." The previous exam (11/06/2014) showed objective findings that included significant tenderness to palpation of the bilateral trochanteric bursa with a jump response to palpation. Current diagnoses included chronic low back pain, right shoulder pain, bilateral hand pain, chronic bilateral knee pain, right-sided neck pain, depression and anxiety due to chronic pain, and bilateral trochanteric bursitis. Diagnostic testing has included: x-rays of the cervical spine (06/23/2014) revealing mild torticollis and minimal cervical spondylosis; MRI of the right knee (05/12/2014) post-surgical changes, complex tear of the posterior horn of the medial meniscus, joint effusion and patellar chondromalacia; MRI of the left knee (08/07/2014) revealing a longitudinal horizontal tear of the posterior horn and body of the medial meniscus extending to its interior surface and focal chondral fissuring along the medial facet of the patella with mild subjacent reactive marrow change; MRI of the cervical spine (05/07/2014) revealing a 2 mm focal left paracentral disc protrusion at C5-C6 which effaces the ventral CSF space and contacts the ventral aspect of the cervical cord causing slight flattening, and a 3 mm broad based disc bulge at C6-C7 which effaces the ventral CSF space resulting central canal stenosis and mass effect upon the ventral aspect of the cervical cord with mild flattening of the cord; x-rays of

the right wrist (07/17/2014) revealing normal findings; x-rays of the lumbar spine (09/15/2014) revealing slight anterolisthesis at L4-5 and L5-S1; and MRI of the right shoulder (05/09/2014) revealing fluid in the bursa and acromion process impingement. Treatment to date has included conservative care, physical therapy, and medications. The MRI of the brain was requested for the evaluation of headaches and dizziness. Treatments in place around the time the MRI was requested included current medication. The injured worker reported pain was unchanged. Functional deficits and activities of daily living were unchanged. It was noted that the injured worker was to continue her current regular work duties. Dependency on medical care was unchanged. On 12/22/2014, Utilization Review non-certified a request for MRI of the brain which was requested on 12/15/2014. The MRI was non-certified based on the absence of objective clinical findings to support the MRI of the brain. The MTUS ACOEM guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of MRI of the brain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the brain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations: p. 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the general approach to patient's presenting complaints. The key theme that applies to this case is that the assessment should focus on the detection of indicators of potentially serious disease, termed "red flags." The presence of these red flags would then point towards the need for further consultation or imaging studies. In this case, the patient presents in part with the complaint of chronic headache; however, there are no indicators that suggest red flag symptoms documented in the medical records; for example, syncope, altered mental status or progressive neurologic signs consistent with an intracranial process. In the Utilization Review process the patient was authorized to seek consultation with a neurologist, which is appropriate given the chronicity of the headaches. However, at this time, without evidence of red flag symptoms or evidence on neurologic exam of a possible intracranial process, and MRI of the brain is not indicated.