

Case Number:	CM15-0016819		
Date Assigned:	02/05/2015	Date of Injury:	05/16/2008
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/29/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal Medicine

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 was a 53 year old female, who sustained an industrial injury, May 16, 2008. According to progress note of September 17, 2014, the injured worker had a new complaint of sudden onset of forearm weakness lasting over an hour and actually lasting for days. At times the tongue felt heavy with difficulty texting, swallowing and the dexterity of the hands with increased anxiety. Symptoms were provoked by turning the head more to the right and extending the head. The injured worker was diagnosed with rule out vertebral basilar insufficiency as the underlining cause for the new symptoms, cervical disc disease, cervicgia and low back pain. The injured worker has a history of thoracic level fracture, neck fracture, left knee injury, left shoulder and left rib pain. The injured worker previously received the following treatments injured worker walks with a cane, MRI left knee, wrist and brace and pain medication. On October 2, 2014, the primary treating physician requested authorization for MRA (angiography) of the cervical spine for vertebra-basilar insufficiency and cervical disc disease. On January 14, 2015, the UR denied authorization for MRA (angiography) of the cervical spine. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, 13th Edition, 2015, Head Chapter, Neck Chapter, MRI and Head Chapter, Vestibular Studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1155506-overview>

Decision rationale: MTUS and ACOEM do not specifically address this study. Alternate guidelines were sought. Magnetic resonance angiography (MRA) is very sensitive to flow and is based on the difference in signal between moving blood and stationary brain tissue; angiographic-like images of the cervicocranial vasculature are produced. MRA images are a useful tool in identifying dissections, in that the true and false lumen of the involved artery can be observed on the source images. Following is a brief description of the 2 basic techniques. This patient had concerning findings and symptoms for a stroke and MRI of the brain and MRA of the neck was ordered to rule this out and examine vasculature to look for occlusions. This test would be indicated to rule out stroke or any other ischemic process. An MRA would be appropriate.