

Case Number:	CM15-0016856		
Date Assigned:	02/05/2015	Date of Injury:	05/16/2008
Decision Date:	03/27/2015	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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 53 year old female with an industrial injury dated May 16, 2008. The injured worker diagnoses include low back pain, cervical disc disease, vertigo, anxiety and depression. She has been treated with diagnostic studies, prescribed medications, consultations and periodic follow up visits. In a progress note dated 9/29/2014, the treating provider noted that the injured worker was alert and oriented to person, place and time. Short term and long term memory were intact. Speech was clear and fluent with no evidence of dysarthria. Cranial nerves 2-12 were unremarkable. Motor exam revealed unusual gait, questionable astasia-abasia. Sensory and cerebellar exam were normal. The treating physician impression was that the injured worker had difficulty swallowing and thickness of her tongue with complaints of diffuse weakness. However, the treating provider noted that no significant weakness was found on exam other than pain related. The treating physician prescribed services for MRI of the brain specifically looking at the brainstem. The treating physician noted that she had not had an MRI of her brain and that the MRI will evaluate her vertigo. UR determination on January 14, 2015 denied the request for MRI of the brain specifically looking at the brainstem, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain specifically looking at the brainstem: Upheld

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 Treatment Index, 13th Edition (web), 2015, Head chapter, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated June 4, 2013), MRI (Magnetic Resonance Imaging). <http://emedicine.medscape.com/article/1161518-workup#a0720>

Decision rationale: MTUS guidelines are silent regarding the indication of MRI in case of suspicion of brain disease. According to ODG guidelines, MRI is indicated to determine neurological deficit not explained by CT scan, to evaluate prolonged interval of disturbed consciousness and to define evidence of acute changes superimposed to previous trauma or disease. There is no documentation of accurate deficits or focal neurological signs suggestive of brain disease. Therefore the request for MRI of the brain specifically looking at the brainstem is not medically necessary.