

Case Number:	CM15-0018105		
Date Assigned:	02/06/2015	Date of Injury:	09/16/2010
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 49 year old male, who sustained an industrial injury on 9/16/2010. On 1/30/15, the injured worker submitted an application for IMR for review of MRI brain without contrast. The treating provider has reported the injured worker complained of head pain, mid, lower back pain with associated left upper and lower extremity pain. The described as aching, burning and throbbing radiating down left shoulder, arm, forearm, hand and then left thigh, leg and foot. The diagnoses have included thoracic spine pain, lumbago, lumbar radiculopathy, cervicgia: chronic pain syndrome. Treatment to date has included acupuncture, chiropractic care, and physical therapy, medications for pain, urine drug toxicology screening, and left shoulder surgery, MRI thoracic spine (7/29/14). On 1/20/15 Utilization Review non-certified a MRI brain without contrast. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI brain without contrast: 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) Head Chapter

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

Decision rationale: Magnetic Resonance Imaging (MRI) is a well-established brain imaging study in which the individual is positioned in a magnetic field and a radio-frequency pulse is applied. Hydrogen proton energy emission is translated into visualized structures. Normal tissues give off one signal, while abnormal structures give off a different signal. Due to its high contrast resolution, MRI scans are superior to CT scans for the detection of some intracranial pathology, except for bone injuries such as fractures. MRI may reveal an increased amount of pathology as compared with CT. Specific MRI sequences and techniques are very sensitive for detecting traumatic cerebral injury. Magnetic resonance imaging is indicated to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, or to define evidence of acute changes super-imposed on previous trauma or disease. In this case the patient has no new neurologic deficits and no prior CT imaging of the head. MRI of the brain is not indicated. The request should not be authorized.