

Case Number:	CM15-0110362		
Date Assigned:	06/16/2015	Date of Injury:	03/13/2014
Decision Date:	07/15/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina
 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:

The 58-year-old female injured worker suffered an industrial injury on 03/13/2014. The diagnoses included cervical spine sprain/strain with fusion, bilateral shoulder sprain/strain, left elbow epicondylitis and left wrist DeQuervain's tenosynovitis. The diagnostics included cervical and lumbar magnetic resonance imaging. The injured worker had been treated with cervical fusion and medications. On 5/6/2015, the treating provider reported cervical spine pain 8/10 with radiation to both hands with difficulty holding her head still and issues with slurred speech. There was thoracic spine pain rated 8/10. There was lumbar spine pain rated 8/10 with radiation to left lower extremity. The bilateral shoulder pain was 7/10. The left hip pain was 7/10. The treatment plan included MRI brain and Neuro consult.

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: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, cranial MRI.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states cranial MRI imaging is indicated in the evaluation of traumatic cerebral injury, acute or chronic brain injuries, prolonged loss or alteration in consciousness. These criteria have not been met in the provided clinical documentation for review. Therefore, the request is not medically necessary.

Neuro consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM : The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has complaints of tremor and therefore neurology consult is medically necessary.