

<b>Case Number:</b>	CM15-0113344		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old female who reported an industrial injury on 2/20/2014. Her diagnoses, and/or impressions, are noted to include: acute cervical radiculopathy; cervical region spinal stenosis; lumbosacral spondylosis without myelopathy; lumbar region spinal stenosis without neurogenic claudication; and lumbar region spondylolisthesis. The history notes a "pnebectomy" in both legs in 2001. Current magnetic imaging studies of the cervical and lumbar spine were done on 8/5/2014, noting the need for multi-level cervical disc replacement and multi-level lumbar fusion, which was scheduled in 1/2015, but cancelled by the injured worker. Her treatments have included a panel qualified medical evaluation on 3/30/2015; consultations; medication management with toxicology screenings; and rest from work. The Neurology progress notes of 5/21/2015 reported complaints of on/off headaches located about her forehead, and at the top and sides of her head, which were associated with nausea, memory problems, loss of balance, depression, anxiety, sleep difficulty, and sensitivity to light and sound; also noted in the history were sudden issues with her thyroid. Additional complaints included constant pain to the back of her neck that radiated to her shoulders; constant bilateral upper extremity pain, associated with numbness/tingling/weakness/coldness/grip-loss and spasms; constant radiating low back pain, to the legs, associated with stiffness and spasms; and intermittent bilateral hip, thigh and knee pain, associated with numbness and tingling. Objective findings were noted to include tenderness and spasms to the cervical spine that is with restricted range-of-motion; tenderness of the right shoulder; tenderness to the bilateral wrists with positive Tinel's and Phalen's tests; slight weakness of the right hand; decreased sensation to both hands; and the

appearance of emotional depression with a normal attention span. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the brain.

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

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

**MRI brain:** 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)-TWC 2015, Head (updated 01/21/2014).

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

**Decision rationale:** Regarding the request for MRI brain, California MTUS does not address the issue. ODG cites that MRI is indicated: To determine neurological deficits not explained by CT; to evaluate prolonged interval of disturbed consciousness; To define evidence of acute changes super-imposed on previous trauma or disease. Within the documentation available for review, the criteria outlined above have not been met. The patient's symptoms/findings are not suggestive of neurological dysfunction originating in the brain and no clear rationale for the study has been presented. In light of the above issues, the currently requested MRI brain is not medically necessary.