

Case Number:	CM15-0114447		
Date Assigned:	06/22/2015	Date of Injury:	09/11/2014
Decision Date:	07/21/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/15/2015

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, Alabama, 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 44 year old female, who sustained an industrial injury on 09/11/2014, reporting a lumbar spine, hip and right shoulder injury as a result of pulling a four way display that was loaded with leather jackets. On provider visit dated 04/06/2015 the injured worker has reported lumbar spine pain, right leg and hip pain and bilateral hands. She also complained of anxiety and depression with difficulty sleeping. On examination of the lumbar spine range of motion was decreased. Straight leg raise was positive. The diagnoses have included cephalgia, anxiety and depression. Treatment to date has included laboratory studies and medication. The provider requested MRI of the Brain/Head to help with diagnose developmental anomalies of the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Brain/Head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 1/21/15).

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) and other Medical Treatment Guidelines <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 head MRI is not medically necessary.