

Case Number:	CM15-0171593		
Date Assigned:	09/11/2015	Date of Injury:	04/29/2015
Decision Date:	10/20/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 49 year old male, who sustained an industrial injury on 4-29-15. The injured worker has complaints of constant neck and head pain associated with headaches and complaints of low back pain that radiates to the hip on the right side. The documentation on 8-10-15 noted that the injured worker reports moderate-to-severe difficulty in sleep. The back pain is aggravated by standing, walking, sitting, bending and twisting activities. Cervical range of motion was decreased. Lumbar spine examination noted there was tenderness present and straight leg raise examination was positive on the right leg. Computerized tomography (CT) scan of the brain on 4-29-15 showed no acute intracranial pathology on computerized tomography and right frontoparietal subgaleal scalp hematoma. Computerized tomography (CT) scan of the cervical spine on 4-29-15 showed acute appearing nondisplaced fracture of the spinous process of C3. Cervical spine X-rays on 5-19-15 showed mild disc space narrowing at C5-6 and spondylosis of the cervical spine. Electroencephalogram on 7-15-15 showed no definite focal or paroxysmal features seen. The diagnoses have included trauma brain injury; cervical vertebrae fracture; posttraumatic myofascial pain syndrome; displacement of cervical intervertebral disc without myelopathy; brachial neuritis or radiculitis not otherwise specified; thoracic or lumbosacral neuritis or radiculitis, unspecified; sprain of neck and sprain of lumbar. Treatment to date has included Mobic; Tylenol; Amrix and Ambien. The original utilization review (8-26-15) non-certified the request for magnetic resonance imaging (MRI) 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: 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) Treatment Index, 13th Edition (web) 2015, Head Chapter.

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

Decision rationale: The medical records provided for review do not document any abnormal neurological examinations. There is no indication of prolonged disturbed level of consciousness and no indication of acute changes. It is reported that a CT was performed with no indication of any abnormality of the brain. ODG guidelines support MRI neuroimaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. Based on these reported findings; the medical records do not support performance of an MRI of the brain congruent with ODG guidelines, therefore making the requested treatment not medically necessary.