MAXIMUS Federal Services

Case Number:	CM15-0176885		
Date Assigned:	09/17/2015	Date of Injury:	11/14/2011
Decision Date:	10/22/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 was a 51 year old female, who sustained an industrial injury, November 14, 2011. The injured worker had complained of headaches since at least October of 2014 and being treated for them. According to progress note of June 8, 2015, the injured worker's chief complaint was headaches, left shoulder pain, right elbow pain, left thumb, left hand and neck pain. The physical exam noted decreased range of motion of the cervical spine and right shoulder in all planes. There was left shoulder rotator cuff, supraspinatus and infraspinatus tenderness. There was left paracervical tenderness from C2-C7 and T1 and left parathoracic tenderness from T1-T12 and L1. There were some thoracic spasms and cervical spasms noted. The injured worker was still waiting for recommendations for cervical spine surgery. The injured worker was undergoing treatment for chronic left shoulder pain, status post left shoulder surgery on April 17, 2012 with residual loss of motion, chronic cervical pain with MRI scan from March 17, 2014 showing a large syrinx from C2-C3 through T1-T12 levels with disc bulging at C4-C5 and C5-C6 levels without stenosis and chronic right lateral epicondylitis with medial epicondylitis and chronic cervicogenic muscle contraction headaches. The injured worker previously received the following treatments the Fioricet one every 6 hours as needed for headaches. However the CT scan results were not available in the documentation submitted for review. The RFA (request for authorization) dated June 8, 2015, the following treatments were requested brain MRI, to determine neurological deficits not explained by CT scan. The UR (utilization review board) denied certification on August 24, 215: for lack of sufficient information, what information or test result would be required.

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 - MRI (magnetic resonance imaging).

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

Decision rationale: Pursuant to the official disability guidelines, MRI of the brain is not medically necessary. MRI scans are superior to scans for detection of intracranial pathology except for bone injuries such as fractures. Indications for MRI include, but are not limited to, determine neurologic deficits not explained by computed tomography; evaluate prolonged interval of disturbed consciousness; and to define evidence of acute changes superimposed on previous trauma or disease. A brain MRI is not indicated in patients who sustain a concussion / mild traumatic brain injury beyond the emergency phase except in conditions where red flags are noted. In this case, the injured worker's working diagnoses are chronic left shoulder pain status post left shoulder surgery; chronic cervical pain with MRI from March 17, 2014 showing a large syrinx from C2 - C3, C1 - T2 levels with disc bulging at C4 - C5 and C5 - C6 without stenosis; right lateral epicondylitis; and chronic cervicogenic muscle contraction headaches. The date of injury is November 14, 2011. According to a February 4, 2015 neurosurgeon progress note, the injured worker presented for evaluation of neck pain and headache. Pain radiated down both arms since October 2013. A pain management physician evaluated the worker. Objectively, the injured worker was awake alert and oriented to person place and time. Motor function was normal with normal reflexes. There was a sensory deficit noted with no cranial or deficit. There was a cape like sensory disturbance of the bilateral shoulders. There is no documentation of a CAT scan of the brain and medical record. Indications for MRI include neurologic deficits not explained by computed tomography. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, no prior computer tomography of the brain and no red flags, MRI of the brain is not medically necessary.