

Case Number:	CM15-0177753		
Date Assigned:	09/21/2015	Date of Injury:	11/14/2012
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/09/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 11-14-12. Medical record indicated the injured worker is undergoing treatment for headache, TMJ dysfunction, cervical disc displacement, cervicobrachial syndrome, right brachial plexus syndrome, right shoulder myalgia, arthralgia of TMJ, nerve root and plexus disorders, fatigue and loss of sleep. Treatment to date has included physical therapy, home exercise program, oral medications including Tramadol, Tylenol #3, Naproxen and Omeprazole; and activity modifications. On 5-29-15, she reported her neck pain was unchanged from before rated 7 out of 10 with radiation down to right arm with swelling and pain and also radiates to the head with occasional headaches, she is having right TMJ area pain with radiation to the eyes, bilateral shoulder pain rated 6 out of 10 radiating down to the arms and low back pain rated 7 out of 10. Currently on 7-27-15, the injured worker reports she had good relief for about 2 weeks following right t scalene injection, now the pain has returned and in some ways she feels worse, she is open to surgery. She complains of constant jaw pain on the right related to the neck an lacks opening of mouth past 2 finger breadths (she follows up with the dentist); she also complains of constant moderate achy, sharp, throbbing, burning neck pain with stiffness and weakness radiating to right upper extremity with numbness, tingling and weakness; stiff and sore right shoulder with diminished range of motion. She is currently not working. Physical exam performed on 5-29-15 was unremarkable and on 7-27-15 revealed chronic mild swelling of right supraclavicular area with spasm of right trapezius, scalene and SCM with decreased and painful cervical range of motion, tenderness to palpation of C4-7 spinous processes, cervical paravertebral muscles, right

sternocleidomastoid and suboccipital with muscle spasm of the right trapezius; exam of right shoulder revealed tenderness to palpation of lateral shoulder, levator scapulae, medial border of the scapula, rhomboid, subscapularis and trapezius; and right weak flexor carpi ulnaris and complaints of inability to sleep. The treatment plan in 7-27-15 included trial of transcutaneous electrical nerve stimulation (TENS) unit, continuation of oral medications, (MRI) magnetic resonance imaging of lumbar and cervical spine, discontinuation of Tylenol #3 and follow up appointment. On 8-12-15, utilization review non-certified a request for (MRI) magnetic resonance imaging of brain noting the medical necessity of the request has not been clearly demonstrated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Brain Without Contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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, MRI.

Decision rationale: The ODG discusses indications for MRI, stating that MRI may be indicated to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, or to define evidence of acute changes super-imposed on previous trauma or disease. In this case, an MRI of the c-spine provided in the case documents (dated Aug 30, 2015), indicates that there is a possibility of a faint demyelinating plaque. While the physical exam findings are not overtly concerning for MS or other demyelinating disease, it is the opinion of this reviewer that MRI of the brain is warranted to explore concern for demyelinating disease. Therefore, the request is considered medically appropriate at this time.