

Case Number:	CM15-0031747		
Date Assigned:	02/25/2015	Date of Injury:	07/04/2012
Decision Date:	05/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/19/2015

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

Certification(s)/Specialty: Family Practice

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 28-year-old male, with a reported date of injury of 07/04/2012. The diagnoses include cervical sprain/strain. Treatments to date have included oral medications. The progress report dated 01/12/2015 indicates that the injured worker complained of cervical spine pain and lumbar spine pain. He also complained of right knee pain. The objective findings include cervical spine tenderness to palpation at C5-6. It was noted that the injured worker had constant pain in the neck and head. The treating physician requested an MRI of the head.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the head: 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), Head Chapter, MRI.

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

Decision rationale: The MTUS Guidelines does not mention anything specific about brain MRI. The ODG states that brain MRI may be useful in situations where there is need to assess transient or permanent changes to determine the etiology of subsequent clinical problems, and to plan treatment, but is more applicable to traumatic injuries in the early period following the trauma. The ODG does not recommend neuroimaging in patients who sustained a concussion beyond 72 hours post injury except if the condition deteriorates or red flags are noted. Indications for MRI included: 1. To determine neurological deficits not explained by CT, 2. To evaluate prolonged interval of disturbed consciousness, and 3. To define evidence of acute changes super-imposed on previous trauma or disease. In the case of this worker who had been experiencing chronic neck pain with associated headaches, an MRI of the head was recommended without specific explanation as to what was being sought with this imaging and on which basis it was considered. There was no documentation found which showed significant subjective or objective findings suggestive of any intracranial abnormality. Therefore, the request for head MRI will be considered medically unnecessary.