

Case Number:	CM15-0067313		
Date Assigned:	04/15/2015	Date of Injury:	08/03/2011
Decision Date:	05/14/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, Florida, California
 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 43-year-old male, with a reported date of injury of 08/03/2011. The diagnoses include psychogenic lower extremity paralysis versus central nervous system abnormality. Treatments to date have included an MRI of the brain on 09/25/2014, a wheelchair, a lumbar epidural injection, a walker, and oral medications. The neurology consultation report dated 03/03/2015 indicates that the injured worker complained of low back pain and leg pain. He also complained of headaches and shoulder pain. The neurological examination showed the ability to undress and get on and off the examining table without assistance. The mental examination showed ability to follow complex commands, no confusion, normal language, and normal abstract reasoning. The physical examination showed mild to moderate amplitude tremor in the left hand and occasionally in the right hand, flaccid paralysis of the lower extremities, and some nonuse withering. The treating physician requested a repeat 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 (repeat): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Head, MRI (magnetic

resonance imaging); Low back, MRIs (magnetic resonance imaging); Neck, Magnetic resonance imaging (MRI).

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, under MRI.

Decision rationale: The neurologist noted in 2014 there was pain and headaches, mild to moderate tremor in the left hand, flaccid paralysis of the lower extremities. The last MRI was from September 2014. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the head section: Indications for magnetic resonance imaging: To determine neurological deficits not explained by CT. To evaluate prolonged interval of disturbed consciousness. To define evidence of acute changes super-imposed on previous trauma or disease. A repeat MRI would be warranted for progression of neurologic signs. The last note was from 2014, and although there were clear neurologic signs, it is not clear they were progressive or evolving. At present, based on the available information, the repeat brain MRI is appropriately not medically necessary.