

Case Number:	CM15-0077617		
Date Assigned:	04/29/2015	Date of Injury:	07/17/2014
Decision Date:	06/25/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old male, who sustained an industrial injury on July 17, 2014. The injured worker reported wrist pain with weakness, numbness and tingling. The pain radiates up the arms to the neck. The injured worker was diagnosed as having chronic neck pain and headaches and post traumatic stress disorder (PTSD). Treatment to date has included magnetic resonance imaging (MRI) of spine, electromyogram, nerve conduction study and medication. A progress note dated March 5, 2015 the injured worker complains of headaches of unknown origin. He cannot remember if onset was before his neck pain. The pain is in the parietal or temporal area and radiates to the neck and shoulders. He reports photosensitivity, sonophobia and nausea. He also reports constant neck pain that radiates to the shoulders. He has a history of motor vehicle accident (MVA) and has related post traumatic stress disorder (PTSD) with nightmares and cognitive and physical residual conditions. Physical exam notes mild cognitive impairment and positive Phalen's test. The plan includes Amitriptyline, Gabapentin, physical therapy and magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain without contrast, per 03/13/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (updated 01/21/15), MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, MRI (magnetic resonance imaging), page 212.

Decision rationale: Review indicates the patient had remote non-industrial motor vehicle accident in 2001 with head injury and chronic pain. Current request is for MRI of the brain. Indications for MRI of the brain may be performed to determine neurological deficits not explained by CT, evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super-imposed on previous traumatic disease, not demonstrated here. The patient also has history of chronic cervical pain without progressive clinical findings of neurological deficits identified to support this imaging study outside the guidelines criteria. The MRI of the brain without contrast, per 03/13/15 order is not medically necessary and appropriate.