

<b>Case Number:</b>	CM15-0096042		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Arizona, California  
 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 54-year-old male, who sustained an industrial injury on 1/27/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having head trauma, headache, cervical pain, lumbar pain, and status post right shoulder surgery. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of occasional, severe, sharp throbbing headache, associated with looking up and down. He also reported neck pain, low back pain, and right shoulder pain. His neck pain was described as intermittent, severe, sharp, and also associated with looking up and down. Jamar grip strength on the right was 20, 30, 30. Cervical pain was documented as increased since the last visit. Blood pressure was 130/80. Cervical range of motion was decreased in all planes. Cervical compression caused pain and foraminal compression caused pain on the right. Right shoulder pain was unchanged and range of motion was decreased. Medications included Ibuprofen, Tramadol ER, and topical cream. Work status was modified. The treatment plan included magnetic resonance imaging of the brain. Magnetic resonance imaging of the brain (1/13/2015) showed age related involuntional change and periventricular white matter ischemic change. Urine toxicology (12/13/2015) was negative for all analytes.

### 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), Head, 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 chapter- MRI brain and pg 26.

**Decision rationale:** According to the ODG guidelines: 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. In this case, there were no deficits, recent head injury or acute changes to warrant an MRI. The results only showed age related changes. The MRI of the head was not medically necessary.