

Case Number:	CM17-0017693		
Date Assigned:	02/01/2017	Date of Injury:	10/27/2016
Decision Date:	02/24/2017	UR Denial Date:	01/05/2017
Priority:	Standard	Application Received:	01/26/2017

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: Florida
Certification(s)/Specialty: Neurology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to medical records available for review, the injured worker is a(n) 57 year old male, who sustained an industrial injury on 10-27-2016. The injured worker is currently able to return to work with restrictions. Medical records indicated that the injured worker is undergoing treatment for headache, cervical strain, left shoulder contusion, left elbow abrasion, left index finger laceration, lumbar strain, and anxiety. Treatment and diagnostics to date have included acupuncture, physical therapy, and medications. Recently prescribed medications have included Trazodone, Gabapentin, Cyclobenzaprine, Naproxen, and Tylenol. Subjective data on 12-14-2016 included head, neck, and rib pain and on 12-21-2016 included head, neck, shoulder, and chest wall-thorax pain. Objective findings (12-21-2016) included tenderness to palpation to the cervical paraspinal muscles, left shoulder, and chest wall. The request for authorization dated 12-26-2016 requested an MRI of the bilateral brain-brain stem without contrast. The Utilization Review report, with a decision date of 01-05-2017, non-certified the request for an MRI of the bilateral brain-brainstem without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the bilateral brain/brainstem without contrast: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, MRI.

Decision rationale: MTUS does not apply. The medical records do not report further conservative care of at least 1 month or indicate suspicion of cancer or infection or other red flags. ODG guidelines support imaging for new or progressive neurologic deficit, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. As such the medical records provided for review, do not support imaging at this time. MRI brain/brainstem is not medically necessary.