

Case Number:	CM13-0009649		
Date Assigned:	10/11/2013	Date of Injury:	09/04/2008
Decision Date:	02/20/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old man who sustained a work related injury on 09/04/2008. He developed a loss of consciousness on 12/18/2012. He was started on Keppra for suspicion of seizures. Since that time, he reported recurrent episodes of right hand numbness and smelling. The patient has past medical history of scarlet fever, concussion, carpal tunnel syndrome, rotator cuff bilaterally, right ulnar release and left knee surgery, alcohol and marijuana. His neurological examination was normal. His CT scan of the head was negative. His MRI of the head was reported to show inflammatory changes in the left temporal lobe and the patient was suspected to have herpes encephalitis. The note of 4/12/2013 reported that a previous MRI/MRA showed a possible aneurysm. There are no EEG or MRI reports in the patient's file.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain with and without contrast: Overturned

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.

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

Decision rationale: The patient developed new onset of seizure and underwent an MRI of the head with and without contrast which demonstrated inflammatory changes in the left temporal lobe and possible aneurysm. There is no MRI report included in the patient's file, so the MRI findings were extracted from different notes. After his first seizure episode, the patient developed new symptoms with recurrence of numbness and olfactory hallucination after his first MRI. The California MTUS guidelines do not cover the indication of an MRI when there is a suspicion of a brain aneurysm. The Official Disability Guidelines state that a head MRI is indicated to determine neurological deficits not explained by CT scan, to evaluate prolonged interval of disturbed consciousness and to define evidence of acute changes super-imposed on previous trauma or disease. The patient developed a new neurological deficit (olfactory hallucination and numbness) not explained by CT scan. Therefore, an MRI of the head with and without contrast is medically necessary and appropriate.