

Case Number:	CM13-0009955		
Date Assigned:	09/17/2013	Date of Injury:	11/01/2012
Decision Date:	01/24/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 33 YO, M with a date of injury on 11/1/12, where he had a 20 foot fall through a skylight. The progress report, dated 7/11/13 by [REDACTED] noted that the patient continued with left scapula pain, rib pain and back pain difficulty sleeping, headaches, shortness of breath, right chest wall pain, low back pain, loose teeth, irritable, memory off, stuttering, fatigue, lightheadedness, vertigo, disequilibrium, cervical spine pain. Exam findings included: Over jet; malapatti 2; right rub tenderness; left scapular tenderness; and nasal function test scored 95% abnormal. Exam findings from the 8/13/13 report showed word finding abnormalities, mirror clock inversion on MMSE, and memory abnormalities. The patient's diagnoses include: left cranial nerve VL; Crohn's disease; multiple rib fractures; nasal fracture, which needs surgery; lumbar spine L3-5 fracture; dental trauma. The treatment plan included: dental follow-up; polysomnogram; nasal fracture CT of cranial facial; 3T MRI of the brain with DTI; ENT evaluation for rhinoplasty operation; repair of septal fracture; repair of right and internal nasal valve along with osteotomies to correct nasal fracture to be performed at UCLA; pulmonary and thoracic surgery. The utilization review letter dated 7/30/13 noted that the 11/2/12 brain CT scan documents no intracranial pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

3T magnetic resonance imaging (MRI) of the brain with DTI/Facial, Sinus Orbits: 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 Chapter.

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

Decision rationale: The Physician Reviewer's decision rationale: The patient had a 20 foot fall through a skylight on 11/1/12. The progress report, dated 7/11/13 by [REDACTED], noted that the patient continued with left scapula pain, rib pain and back pain difficulty sleeping, headaches, shortness of breath, right chest wall pain, low back pain, loose teeth, irritable, memory off, stuttering, fatigue, lightheadedness, vertigo, disequilibrium, cervical spine pain. Exam findings included: Over jet, malapatti 2, right rib tenderness, soft scapular tenderness, and nasal function test scored 95% abnormal. Exam findings from the 8/13/13 report showed word finding abnormalities, mirror clock inversion on MMSE, and memory abnormalities. The patient's diagnoses include: left cranial nerve VI; Crohn's disease; multiple rib fractures; nasal fracture needs surgery; lumbar spine L3-5 fracture; dental trauma. The utilization review letter, dated 7/30/13, noted that the 11/2/12 brain CT scan documents no intracranial pathology. Requested treatment items included: dental follow-up; polysomnogram; nasal fracture CT of cranial facial; 3T MRI of the brain with DTI; ENT evaluation for rhinoplasty operation; repair of septal fracture; repair of right and internal nasal valve along with osteotomies to correct nasal fracture to be performed at UCLA; pulmonary and thoracic surgery. This review is in regard to the request for 3T MRI of the brain with DTI. MTUS does not discuss MRI indications for the brain; therefore a different guideline was reviewed. ODG has the following 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 superimposed on previous trauma or disease. For Diffusion tensor imaging (DTI), ODG states that it is not recommended yet as a routine diagnostic test for TBI. The treater does not document any rational why the brain MRI is being requested and the DTI is not recommended by the guidelines noted above. Therefore recommendation is for denial.