

<b>Case Number:</b>	CM13-0019071		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Neuro-Oncology and is licensed to practice in Texas. 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 40-year-old male who reported a work-related injury on 08/15/2012 as result of contusion to the head, neck, and shoulder. Subsequently, the patient presents for treatment of the following diagnosis: post-traumatic headaches. The clinical note dated 06/20/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports sharp, constant, severe head pain, left shoulder pain, cervical spine pain, upper and low back pain rated at 8/10 with medications. The patient reports he is unable to sleep and tosses and turns. The provider requested an MRI of the brain to rule out post-traumatic brain injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the brain (including brain stem) without contrast:** 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).

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reports the patient subjectively presents with complaints of headaches status post a work-related injury sustained in 08/2012. The clinical documentation submitted for review

reports the patient has been recommended to undergo an MRI of the brain to rule out post-traumatic brain injury. However, as California MTUS/ACOEM do not specifically address, Official Disability Guidelines indicate MRI of the brain is supported when there is need to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness and to define evidence of acute changes superimposed on previous trauma or disease. Given the clinical notes failed to evidence any significant objective neurological deficits upon exam of the patient, the request for MRI of the brain (including brain stem) without contrast is not medically necessary or appropriate.