MAXIMUS Federal Services

Case Number:	CM13-0043164		
Date Assigned:	07/25/2014	Date of Injury:	07/29/1990
Decision Date:	08/28/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Ophthalmology 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 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/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 63 year-old male with symptoms of occasional scintillating scotoma, drop attacks, problems in the legs/spine, for whom request is made for authorization of an MRI and MRA of the eyes. Per the submitted records, the patient had undergone aprior neurologic evaluation on 8/7/2013 and was recommended to undergo MR angiogram of the head and neck with a 24 hour Holter monitor, and that no other workup was necessary. The prior MRI did not demonstrate any abnormalities in this region. There is no documentation of any new findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA of the Ophthalmic Area: 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), Eye.

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

Decision rationale: The patient has had a prior MRI of the region that was negative, as well as neurological evaluation. The documentation has not demonstrated new findings that would indicate medical necessity for repeat imaging. Therefore the request is not medically necessary.

MRI of the Ophthalmic Area: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 426. Decision based on Non-MTUS Citation Official Disability Guidelines: Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Guideline Clearinghouse - Magnetic Resonance Angiography American College of Radiology (ACR), American Society of Neuroradiology (ASNR).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.