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| Case Number: | CM13-0050512 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/15/2009 |
| Decision Date: | 06/06/2014 | UR Denial Date: | 11/01/2013 |
| Priority: | Standard | Application Received: | 11/13/2013 |

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 and Rehabilitation 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 injured worker is a 34 year-old male who sustained an injury to his head on 07/15/09. The mechanism of injury was not documented. The injured worker has a long-standing history of chronic headaches, insomnia, depression, and numbness in his upper back, especially on the leftside with pain in the right hip, which is aggravated by prolonged standing/walking. The treating primary care physician is requesting an MRI of the brain secondary to headaches and dizziness.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, MRI (Magnetic Resonance Imaging).

Decision rationale: The request for MRI of the brain is not medically necessary. The previous request was denied on the basis that the patient has already had an MRI of the brain, but the imaging report was not provided for review. The previous reviewer denied the claim on the basis

that prior MRI would need to be made available before any repeat imaging could adequately be supported. The injured worker's complaints are chronic and there was no indication of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention is anticipated. There was no indication of decreased motor strength, increased sensory or reflex deficits. There were no other potential 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the brain has not been established.