

Case Number:	CM13-0050852		
Date Assigned:	12/27/2013	Date of Injury:	03/19/2013
Decision Date:	04/30/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

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 Neurology, 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 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 injured worker is a 29-year-old who sustained an injury on March 29, 2013 when a tire fell approximately ten to twelve feet and hit him in the head. The injured worker underwent an MRI of the brain on March 30, 2013 which indicated normal MRI of the brain without contrast. The injured worker was evaluated on November 26, 2013 for complaints of headache and imbalance. The documentation submitted for review indicated the injured worker had generalized moderate tenderness over the neck and shoulder girdle. The documentation indicated the injured worker had positive Tinel's over the greater occipital nerve bilaterally. The treatment plan indicated repeat ultrasound guided occipital nerve block and TPI.

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 DTI DIFFUSION TENSOR IMAGING: 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, MRI (magnetic resonance imaging) Section.

Decision rationale: The request for MRI of the brain with DTI diffusion tensor imaging is non-certified. The Official Disability Guidelines recommend the use of MRIs of the head to determine neurological deficits not explained by CT. The documentation submitted for review did not indicate the injured worker had undergone a CT. The guidelines additionally recommend MRIs if evidence of acute changes superimposed on previous trauma or disease. The documentation submitted for review did not indicate the injured worker had a change in condition resulting from his head injury. Furthermore, the documentation submitted for review indicated the injured worker had an MRI of the head on 03/30/2013 which had normal findings. Therefore, an additional imaging study is not supported. The request for an MRI of the brain with DTI is not medically necessary or appropriate.