

Case Number:	CM14-0004868		
Date Assigned:	01/24/2014	Date of Injury:	12/13/2010
Decision Date:	06/20/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/10/2014

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 41-year-old female who sustained an injury to her head on 12/13/10 while working as a nurse. She was kicked in the head by one of her patients. It was reported that the injured worker sustained multiple injuries to the head, vision and ears. An MRI of cervical spine without contrast dated 04/02/13 revealed right paracentral disc bulge at C5-6 with right foraminal narrowing; improbable impingement on the exiting nerve root. It was reported that the injured worker did not sustain any relief with physical therapy or acupuncture. The injured worker did note relief using a TENS unit. The injured worker was reported to have very frequent headaches of various types, but very commonly characterized by shooting pains from her occiput that lasted for less than an hour. The records indicate that the injured worker is status post C5-6 ACDF with anterior plating at C5-6 and pre-machined cage per operative report dated 08/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ANGIOGRAPHY OF THE BRAIN WITH AND 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), Treatment Index, 11th Edition (web), 2013, Head Chapter, Magnetic Resonance Angiography (magnetic resonance angiography).

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, MRA (Magnetic Resonance Angiography).

Decision rationale: The request for MR angiography of the brain with and without contrast is not medically necessary. The previous request was denied on the basis that the information submitted failed to meet the evidence-based guidelines for the requested service. The clinical documentation submitted failed to provide any focal neurological deficits per examination note dated 11/15/13. There was no additional information provided that would indicate that a surgical intervention is anticipated. There was no indication of a new acute injury or exacerbation of previous symptoms. There were no additional significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MR angiography of the brain with and without contrast has not been established. The request for MR angiography of the brain with and without contrast is not medically necessary.