

Case Number:	CM14-0005786		
Date Assigned:	02/05/2014	Date of Injury:	10/27/2009
Decision Date:	07/11/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine, 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:

This is a 45-year-old female with a 10/27/09 date of injury after being involved in a motor vehicle accident (MVA). She was diagnosed with cerebral contusion, concussion, and cervical and lumbar radiculopathy. She was seen on 7/2/13 for spine pain and denied any hearing loss, tinnitus, vision changes, or nausea. Her neurological exam was intact including cranial nerves (in June 2013 a physical exam noted normal neurological findings except for a decrease to sensation in L4 and L5 dermatomes and decrease in right lower extremity strength). She was again seen on 8/19/13 where she complained of severe headaches and blurred vision. Exam findings noted a decrease to sensation in a patchy distribution in the upper and lower extremities and generalized weakness but no true motor weakness. It was also noted she had several MRI's done which she stated were "abnormal" but no imaging reports were provided. She then was seen on 11/6/13 complaining of headaches and vertigo like symptoms that had worsened. A neurology consult was obtained for the patient's headaches. According to the UR history, the patient subsequently presented with subjective complaints of vertigo and dizziness, blurred vision, tinnitus, and hearing loss bilaterally. She also complained of C and L spine radiating pain with associated numbness burning, and tingling in all extremities. She complained of occasional horizontal diplopia, right facial numbness and tingling, intolerance to light touch, and bilateral TMJ with clicking. She noted headaches, urinary overflow incontinence, and a white purplish color in both hands. Exam findings revealed decreased memory concentration, decreased sensation in the right trigeminal nerve, trigeminal V2 and V1 dysesthesia, asymmetry of the mouth, decreased hearing in the right ear, decreased grip strength in the right hand, decreased range of motion of the right foot, decreased sensation in the extremities, positive Romberg sign, and a positive straight leg raise at 30 degrees. The request of an MRI of the brain was made to determine neurological deficits not explained by CT to evaluate for prolonged disturbed

conciseness, and to define evidence of acute or chronic changes in the brain. A prior MRI of the brain was apparently noted to be normal with no evidence of demyelination (no report was made available). Treatment to date: trigger point injections, medication, right greater occipital nerve block, physical therapy, unknown injections to the neck and back, hot and cold therapy, A UR decision dated 12/21/13 denied the request given the patient had a prior MRI of the brain which was normal and there is no documentation to support that CT would not be able to explain neurological deficits, nor was there any evidence that MRI was needed to determine acute or chronic injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING OF THE BRAIN WITH AND WITHOUT CONTRAST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) in Workers' Compensation.

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).

Decision rationale: CA MTUS does not address this issue. ODG indications for brain MRI include: to determine neurological deficits not explained by CT; to evaluate prolonged interval of disturbed consciousness; or to define evidence of acute changes super-imposed on previous trauma or disease. This is a 45-year-old female who was in an MVA in 2009 who sustained a concussion and a cerebral contusion with no imaging reports available for review. The patient was told she had abnormal MRI's, but it is unclear of what and when they were done. Per the UR decision the patient apparently had a normal MRI of the brain but the date and report were not available for review. In the summer of 2013, the patient has noted to have intact cranial nerves and some focal deficits in the L4-L5 dermatomes and right lower extremity weakness. In November of 2013 she was complaining of worsening vertigo and hearing loss, and subsequent visits reveal cranial nerve deficits and other symptoms concerning for trauma vs. a space occupying lesions vs. a demyelinating disease. Specifically, the patient has symptoms and physical exam findings of trigeminal neuralgia given findings of dysesthesia in the second and third distributions of the trigeminal nerve. Multiple sclerosis can be a cause of trigeminal neuralgia and would be difficult to detect on CT; an MRI with and without contrast would be better at showing demyelinating diseases. There were also findings of asymmetry of the mouth, positive Romberg sign, decreased hearing in the right ear, and complaints of diplopia (diplopia is also a concern for multiple sclerosis as it is one of the major symptoms caused by this disease). The patient's most recent neurologic exam findings have had significant changes since July of 2013 where the patient's cranial nerves were noted to be intact. Given these findings the patient should have imaging of the brain. Although no initial imaging reports of the brain were made available for review, this patient's symptoms have worsened and an MRI, with and without contrast, would be superior over CT better visualize a space occupying lesion, as well as any

demyelinating diseases that the patient might have that could cause such symptoms and will also show evidence of a stroke. Therefore, the request of MRI of the brain with and without contrast is medically necessary and appropriate.