

Case Number:	CM14-0006908		
Date Assigned:	02/07/2014	Date of Injury:	07/20/1981
Decision Date:	07/09/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/17/2014

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 a Board Certified Neurologist 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 55-year-old male who reported an injury on 07/20/1981 while playing football. Current diagnoses include status post industrial multiple blows to the head while playing professional football, congenital aqueductal stenosis, chronic traumatic encephalopathy, post traumatic seizure disorder, chronic post traumatic headache, history of hydrocephalus, post traumatic cognitive disorder with memory dysfunction, cervical spine spondylosis, obstructive sleep apnea, olfactory dysfunction, and depression with anxiety. The injured worker was evaluated on 12/10/2013. The injured worker reported headaches, short term memory loss, insomnia, emotional lability, impulse control problems, right ear tinnitus, and numbness and tingling in the upper and lower extremities. Current medications include Lamictal 150 mg and BuSpar 10 mg. Neurological examination revealed normal mental status, normal cranial nerve examination, a postsurgical scar above and behind the right ear, diminished cervical range of motion, moderate tenderness and spasm in the paravertebral musculature, moderate tenderness in the lumbar spinous process and paraspinal muscles, moderate muscle spasm, moderate tenderness to palpation of bilateral sacroiliac joints and sciatic notches, painful range of motion of the lumbar spine, limited range of motion of the lumbar spine, intact sensation, normal coordination, and 2+ deep tendon reflexes. Treatment recommendations at that time included 3T brain MRI with DTI and fMRI with ASL, MPRAGE, and resting bold sequences.

IMR ISSUES, DECISIONS AND RATIONALES

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

3T BRAIN MRI WITH DTI AND MRI WITH ASL,MPRAGE AND RESTING BOLD SEQUENCES: 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, Magnetic Resonance Imaging.

Decision rationale: Official Disability Guidelines state magnetic resonance imaging of the brain may be necessary to determine neurological deficits unexplained by CT scan, to evaluate prolonged intervals of disturbed consciousness, or to define evidence of an acute change superimposed on previous trauma or disease. As per the documentation submitted, the injured worker's neurological examination, mental status examination, cranial nerve examination, and motor examination were within normal limits. There is no evidence of any acute changes or progression of symptoms. There is also no documentation of a neurological deficit or a prolonged interval of disturbed consciousness. The medical necessity for the requested procedure has not been established. Therefore, the request is not medically necessary and appropriate.