

Case Number:	CM14-0007927		
Date Assigned:	02/10/2014	Date of Injury:	09/18/2008
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 Neurosurgery 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:

The injured worker is a 53-year-old female who reported who had been diagnosed with periodic migraines. A clinical note dated 11/21/13 indicated the injured worker complaining of cervicogenic migraines with intractable migraine. The injured worker utilized medications with some benefit. Upon exam the injured worker was identified as having cervical paraspinal muscle spasms. The clinical note dated 12/09/13 indicated the injured worker stating migraines were occurring once each week triggered by neck pain. Upon exam no reflex, strength, or sensation deficits were identified in the extremities. An operative report dated 01/13/12 indicated the injured worker undergoing selective nerve root block at L3-4 on the left and L4-5 on the right. The injured worker was recommended for MRI (magnetic resonance imaging) of the brain. A utilization review dated 01/06/14 resulted in denial for MRI of the brain with and without contrast due to lack of information was submitted regarding significant clinical findings indicating frequency or duration of ongoing migraines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE BRAIN WITH/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) Head Chapter

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 of the Brain.

Decision rationale: The clinical documentation indicates the injured worker complaining of periodic migraines. The MRI (magnetic resonance imaging) of the brain is indicated provided that the injured worker meets specific criteria in order to determine neurological deficits not explained by computed tomography (CT) scan or to evaluate prolonged interval or disturbed consciousness, or define evidence of acute changes superimposed on previous trauma or disease. No information was submitted regarding previous CT scans or ongoing neurological deficits or disturbed consciousness or acute changes. Given this, the request is not indicated as medically necessary.