

<b>Case Number:</b>	CM14-0009743		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/25/2013
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 53-year-old male who was injured on August 25, 2013 when his head was smashed by a bar. The patient was diagnosed with concussion. Non-contrast head CT was negative for acute pathology. The patient continued to experience pain in his cervical, thoracic, and lumbar spine. Physical examination is notable for non-tenderness to the cervical spine, normal motor function, normal sensory function, and normal deep tendon reflexes. Diagnoses included status post blunt head trauma, rule out disc herniation, and rule out spinal stenosis and disc herniation of the lumbar spine. Request for authorization for magnetic resonance imaging (MRI) of the brain was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MAGNETIC RESONANCE IMAGING (MRI) OF THE BRAIN WITHOUT CONTRAST MATERIAL:** 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 For Workers' Compensation, Online Edition, Chapter: Head.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter, MRI.

**Decision rationale:** MTUS does not address this issue. MRI (magnetic resonance imaging) of the brain is indicated for determination of neurological deficits not explained by CT, for evaluation of prolonged interval of disturbed consciousness, or to define evidence of acute changes super-imposed on previous trauma or disease. In this case the patient has no neurological deficits and there were no changes from previous examination. Head CT did not show any acute abnormality. There is no medical indication for the MRI of the brain.