

Case Number:	CM14-0106076		
Date Assigned:	09/16/2014	Date of Injury:	05/30/2013
Decision Date:	10/16/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a 58 year old female with a 5/30/2013 date of injury. A television mounted on the fall behind her fell and struck her head, neck, and back. A progress report dated 5/13/14 noted subjective complaints of headaches, nausea, dizziness, ringing in the ears, memory problems. An 8/19/14 progress report noted objective findings of normal cranial nerves II-XII. It is noted in the provider notes that a head CT from an unclear date was unremarkable. Diagnostic Impression: post-concussion syndrome, shoulder impingement. Treatment to Date: acupuncture, medication management. A UR decision dated 6/9/14 denied the request for MRI brain. She has had a CT of the head; however that report was not available for review. ODG states that indications for magnetic resonance imaging include: to determine neurological deficits not explained by CT.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines _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

Decision rationale: CA MTUS does not specifically address this issue. ODG indications for brain MRI include determining 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. Neuroimaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. However, the patient's original date of injury was in 2013, well beyond the acute phase of injury. Additionally, there is no documentation of any neurological deficits or any recent episodes of prolonged disturbed consciousness. Therefore, the request for MRI brain is not medically necessary.