MAXIMUS Federal Services

Case Number:	CM14-0127129		
Date Assigned:	08/15/2014	Date of Injury:	04/19/2010
Decision Date:	09/18/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology has a subspecialty in Pain Medicine 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 47 year old male who was injured on 04/19/10 due to cumulative trauma and a fall down a set of stairs. Records indicate the injured worker has experienced 5-6 episodes of loss of consciousness that were spontaneous. The injured worker complains of pain in the neck and headaches with memory loss, visual changes, hearing loss and difficulty with balance and facial movements. The injured worker is diagnosed with cervical spondylosis. Clinical note dated 06/16/14 notes the visual changes and memory loss are to be evaluated with an MRI of the brain. This note indicates the injured worker has a family history of hydrocephalus. A CT scan of the brain dated 12/23/14 shows mucosal thickening in ethmoid sinuses but is otherwise unremarkable. This is a request for an MRI of the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain without contrast: Overturned

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, MRI (magnetic resonance imaging).

Decision rationale: The request for an MRI of the brain is medically necessary. MTUS and ACOEM do not address. ODG supports the use of MRIs of the brain and state, "MRI may reveal an increased amount of pathology as compared with CT." Indications for the use of an MRI of the brain include: To determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness and to define evidence of acute changes super-imposed on previous trauma or disease. Records note a CT of the brain has been performed and were unremarkable. Records also note the injured worker experiences repeated episodes of loss of consciousness and other symptoms which could be evidence of significant pathology. The injured worker also has a family history of fluid on the brain. As guidelines indicate an MRI is superior to CT scans for the detection of some intracranial pathology, an MRI in this case would be supported. Medical necessity of an MRI of the brain is established.