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| Case Number: | CM14-0169357 | | |
| Date Assigned: | 10/17/2014 | Date of Injury: | 02/02/2012 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/14/2014 |

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

10/23/14 note of PR-2 notes diagnosis of stiff shoulder syndrome, and cephalgia. Request of MRI and MRA are reported for headache. 8/5/14 evaluation notes no condition of headache. 6/25/14 PR-2 notes headache and left eye pain. Examination notes ptosis of the left eye with blurry vision. 6/23/14 neurologic evaluation reports headache on daily basis that come and go. There is drooping of the left eye. Examination notes left eye ptosis with axophoria. The insured notes the left eye becomes swollen at times.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA of the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2014 online version - MRA- (magnetic resonance angiography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, MRI/MRA

Decision rationale: The medical records provided for review do not indicate any finding consistent with stroke or vascular abnormality. There is no family history of aneurysm noted. ODG supports MRI/MRA for patients with red flag conditions or demonstrated neurologic

abnormalities suspected related to cerebral lesion. As the medical records do not indicate condition of suspected vascular abnormality, the medical records do not support the medical necessity of obtaining MRA.