

Case Number:	CM14-0170958		
Date Assigned:	10/23/2014	Date of Injury:	04/19/2013
Decision Date:	11/21/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/16/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 38 year old with an injury date on 4/19/13. Patient complains of difficulty walking with left foot drop from saphenous nerve injury, headache, vertigo, and speech abnormalities per 10/14/14 report. Patient is awaiting requests for physical therapy for gait/vertigo and speech therapy per 10/14/14 report. After a consultation with a neurologist, [REDACTED] believed "something else is going on" and requested an MRI of patient's brain. Based on the 10/14/14 progress report provided by [REDACTED] the diagnoses are: 1. concussion without coma 2. Headache 3. Knee contusion 4. Vertigo 5. Sensory problems with limbs 6. Contusion of UNS part upper limb 7. Insomnia due to medical condition Exam on 10/14/14 showed "neuro exam normal except for nystagmus and left foot drop. Healing wound to left great toe remains numb to tip of toe. Continued spasm to left gastroc with foot drop." Patient's treatment history includes physical therapy, occupational therapy, polypharmacy, unspecified injections, knee brace and walking aids (cane). [REDACTED] is requesting MRI of the brain. The utilization review determination being challenged is dated 10/15/14. [REDACTED] is the requesting provider, and he provided treatment reports from 6/9/14 to 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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 (ODG),

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, MRIs

Decision rationale: This patient presents with left foot pain, headache, vertigo, and speech abnormalities. The provider has asked for MRI of the brain on 10/14/14. Patient had prior head MRI in April 2013 according to utilization review letter. Regarding head MRIs, ODG states they are useful to assess transient or permanent changes, to determine the etiology of subsequent clinical problems, and to plan treatment. MRI is more sensitive than CT for detecting traumatic cerebral injury. 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. MRIs are indicated 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. In this case, the patient had a prior brain MRI in April 2013 which "was reported negative," per utilization review letter dated 10/15/14. Review of reports do not show evidence of deterioration or red flags that would necessitate an updated MRI. The requested repeat MRI of the brain is not indicated at this time. Therefore, this request is not medically necessary.