

Case Number:	CM14-0174412		
Date Assigned:	10/27/2014	Date of Injury:	09/10/2014
Decision Date:	12/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/21/2014

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:

This patient is a 39 y/o female who has persistent intermittent headaches and photophobia after being struck in the forehead 9/10/14. There was no loss of consciousness at the time of the incident. Due to complaints of pain and numbness a CT scan with contrast was performed on 9/10/14. No acute changes were noted. Cortical calcifications were noted that were thought to be consistent with neurocysticercosis. The lingering symptoms are reported to be intermittent headaches and photophobia. No lateralizing signs or symptoms are reported or documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Head without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head, MRI (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Head, Magnetic Resonance Imaging

Decision rationale: MTUS Guidelines do not address the issue of head MRI scanning. ODG Guidelines directly address this issue and do not recommend head MRI scanning unless there are symptoms not addressed by CT scanning or there are acute or evolving neurological

signs/symptoms. These conditions are not met in this patient. A CT scan has been performed that did not reveal visible acute trauma and no new or lateralizing neurological signs or symptoms are documented. At this point in time the request for the head MRI scan is not medically necessary.