

Case Number:	CM14-0029256		
Date Assigned:	06/20/2014	Date of Injury:	05/05/2013
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/07/2014

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:

6/5/14 progress note indicates the injured worker was attacked 5/8/13 from behind and had the head and neck jerked repeatedly as well as punched in the face. Since then the injured worker reports headache, neck ache, bilateral shoulder pain, and bilateral pain and numbness on the ulnar and radial sides of the hands. 5/8/14 note indicates the injured worker has headaches constantly. The injured worker has photophobia and blurring of vision as well as dizziness and nausea. Physical examination reports cranial nerves 2 to 12 are intact, with strength 5/5 in the extremities, intact sensation, and symmetric reflexes, with normal gain and cerebellar examination. 2/7/14 medical note also indicated normal complete neurologic examination. The note indicates that a CT scan was done at time of injury and was negative.

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, Head, MRI: Indications for magnetic resonance imaging (MRI).

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.

Decision rationale: The medical records provided for review report 2 different neurologic examinations by different neurologists and both are normal neurological examinations. There is no indication of prolonged disturbed level of consciousness and no indication of acute changes. It is reported that a CT was performed with no indication of any abnormality. Based on these reported findings, the medical records do not support performance of an MRI of the brain congruent with ODG guidelines.