MAXIMUS Federal Services

Case Number:	CM14-0030902		
Date Assigned:	06/20/2014	Date of Injury:	12/12/2012
Decision Date:	08/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/11/2014

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 Neurology 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 Injured worker (IW) is a 61 year old male with a reported date of injury of 2011. There is no specific date of an actual event. The mechanism of injury is reported to be a combination of repetitive physical movements including overhead lifting, pulling, cooking and cleaning. The IW also reports the development of headaches after using a cleaning agent to clean a stove without wearing a respirator or face mask. There is no mention of any head trauma. The IW continues to report chronic daily headaches which have been described in the progress notes to be of cervico-genic or tension type in nature. The IW also reports symptoms of tinnitus, vertigo, insomnia and depression. A progress report dated 9/19/13 reports a Dix-Hallpike maneuver to be positive (indicative of a peripheral process). The IW's headaches have been treated with Topamax, Naprosyn in addition to a "sleeping medication". A previous request for a Brain MRI and a follow up physician visit (Neurology) has been denied.

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 Guideline, Head Chapter, 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 Chapter MRI.

Decision rationale: Per the recommendations in the ODG regarding the use of MRI for brain imaging, states it is useful to assess transient or permanent changes to determine the etiology or subsequent clinical problems and to plan treatment. In this particular case, the IW did not experience any head trauma as part of the mechanism of injury and the description of the headaches are described as cervico-genic or tension type headaches. There is no evidence included in the Neurological examination that these headaches are result of another process (such a space occupying lesion) that would necessitate brain imaging. The request for a brain MRI is not medically necessary.

Follow-up visit with doctor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office Visits.

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 Office Visits.

Decision rationale: Per the recommendations from the ODG with respect to office visits, the need for a clinical office visit with a healthcare provider is based upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. It must also be stated the best patient outcomes are achieved with eventual independence from the health care system as soon as clinically feasible. In this case, the IW has been treated in the past by a Neurologist that has made a diagnosis of his headache type in addition demonstrated his source of vertigo to be from a peripheral process (see progress note from 9/19/13).There is no evidence of clinical symptoms that are concerning and in need of continued monitoring by a Neurologist. There is no clear treatment plan in the notes provided to warrant follow up visits from a Neurologist. The request for a follow up visit with a Neurologist is not medically necessary.