

Case Number:	CM14-0042178		
Date Assigned:	06/30/2014	Date of Injury:	12/09/2013
Decision Date:	08/19/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 54 year old female who reported an injury to her head and neck when she slipped in some water resulting in a fall as she was hanging onto a truck with her left arm. The injured worker reported an inability to move her neck following the initial incident. The clinical note dated 02/14/14 indicates the injured worker complaining of head and neck pain. The injured worker rated the neck pain as 8/10. The injured worker did report ongoing severe dizziness which was reported as being constant. The injured worker reported any neck movement causes her dizziness to be exacerbated. Upon exam, tenderness was identified at the bilateral occipital and paraspinal musculatures. The note indicates the injured worker taking no medications that would induce dizziness. The injured worker was recommended for a follow up with a neurologist. The clinical note dated 02/14/14 indicates the injured worker having complaints of ongoing headaches. The injured worker reported the constant nature of the headaches as well. Strength deficits were identified in the left upper extremity. Tenderness continued in the bilateral occipital and paraspinal musculature. The MRI of the cervical spine dated 01/17/14 revealed a spondylosis at C3-4 through C6-7. Disc protrusions were identified at C4-5 and C5-6. The clinical note dated 01/13/14 indicates the injured worker having completed 6 chiropractic manipulation visits to date. Upon exam, no neurologic deficits were identified. The utilization review dated 03/10/14 resulted in a denial as no information was submitted regarding a head injury resulting in any brain involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic resonance imaging) of the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.clinicalevidence.com.

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 (magnetic resonance imaging).

Decision rationale: The request for an MRI of the brain is not medically necessary. The documentation indicates the injured worker complaining of neck and head pain. An MRI of the brain is indicated in order to determine neurologic deficits not explained by a previous computed tomography (CT), evaluate prolonged intervals of disturbed consciousness, or to define evidence of acute changes on previous trauma disease. No information was submitted regarding the injured worker's significant neurologic deficits or prolonged intervals of disturbed consciousness. There does appear to be a notation in the clinical notes regarding complaints of headaches. However, no other information was submitted regarding the injured worker's ongoing complaints. Therefore, it appears the headaches have subsided. Given these factors, the request is not indicated as medically necessary.