

Case Number:	CM14-0044590		
Date Assigned:	07/02/2014	Date of Injury:	02/27/2014
Decision Date:	08/27/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/11/2014

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 Family Medicine and is licensed to practice in Utah. 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 43 year-old female. The patient's date of injury is 2/27/2014. The mechanism of injury was being in the company car, when she tried to adjust the seat, the seat snapped forward and hit her on the head. The patient has been diagnosed with personality changes and headaches. The patient's treatments have included EEG, imaging studies, and medications. The physical exam findings, dated April 10, 2014 show the patient in no apparent distress. Neurological exam states no cranial deficits are noted. Her psychiatric exam shows, judgment intact and insight intact. She is oriented to person, place and time, with no mood disorders, and calm affect. It is stated that her symptoms are slowly improving in the plan notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the head with and without contrast: 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 Chapter.

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

Decision rationale: MTUS do not specifically mention MRI of the head. Other treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an MRI. ODG guidelines state the following: indications to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, or to define evidence of acute changes superimposed on previous trauma or disease. The patient does not meet the above criteria at this time. According to the clinical documentation provided and current guidelines, MRI of the head with and without contrast is considered not medically necessary.