

Case Number:	CM14-0051170		
Date Assigned:	07/07/2014	Date of Injury:	06/14/2011
Decision Date:	08/15/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/18/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Texas, Montana, and Tennessee. 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 59-year-old female who reported injury on 06/14/2011. The mechanism of injury was the injured worker bent down to pick up some files and struck her head on a suggestion box. Other therapies included conservative care. The documentation of 03/14/2014 revealed the injured worker has had headaches since the date of injury. The documentation indicated the injured worker's headache got better after about a year and then about 1 year previous to the examination the headaches got worse. The headaches were noted to be on a daily basis and on and off with multiple headaches per day. Severity was 8/10. The injured worker also got an associated eye twitch bilaterally that comes and goes and occurs on a daily basis. The injured worker indicated she had light sensitivity; however, denied blurred vision, double or decreased vision, eye itching, burning, or tearing. Neurologically, it was noted the injured worker's memory was intact and concentration was normal. The injured worker was alert and oriented to person, place, and time. The diagnosis included history of head contusion. The treatment plan included headache was out of proportion to the severity of the injury. The physician opined it was a minor head injury occurring 3 years previous to the examination and was unlikely to be the cause of her ongoing headache. The physician documented he would like to get an MRI of the brain with no contrast for the injured worker. If the brain MRI was negative, the injured worker would be reassessed and released from care. The physician opined that the injured worker had multiple non-industrial medical problems that could explain her headache.

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.

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: The Official Disability Guidelines indicate an MRI is appropriate if there is a need to determine neurologic deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness or to define evidence of acute changes superimposed on previous trauma or injury. The clinical documentation submitted for review failed to meet the above recommendations and indications. Given the above, the request for MRI brain is not medically necessary.