

Case Number:	CM14-0065265		
Date Assigned:	07/11/2014	Date of Injury:	08/04/2012
Decision Date:	09/10/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/08/2014

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 Emergency 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 44 year-old female, who sustained an injury on August 4, 2012. The mechanism of injury occurred from a direct injury to the head. Diagnostics were not noted. Treatments have included: medications. The current diagnoses are: closed head injury, cervical sprain with radicular symptoms, left shoulder sprain, lumbosacral sprain with radicular symptoms. The stated purpose of the request for MRI of the brain was to workup intractable headaches. The request for MRI of the brain was denied on April 10, 2014, citing a lack of documentation of: history of altered sensorium associated with headaches, objective exam findings indicative of intracranial pathology, red flag conditions, previous imaging studies. Per the report dated January 28, 2014, the treating physician noted complaints of persistent neck pain and daily headaches, along with sleep disturbance. Exam findings included slight cervical range of motion restrictions without tenderness, equal and full upper extremity reflexes and sensory and motor exams, negative Babinski and Hoffman signs. Per the March 4, 2014 neurology report, the provider noted: hyperreflexia of the knees and triceps, which implies a possible early stage of cervical myelopathy; numbness and tingling to the left upper extremity possibly indicative of left C6-7 cervical radiculopathy. Per the March 18, 2014 report, the treating physician noted complaints of ongoing neck pain and daily headaches along with numbness radiating down the left arm to the left hand. Exam shows slight cervical range of motion restrictions without tenderness, equal and full upper extremity reflexes and sensory and motor exams, negative Babinski and Hoffman signs.

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 ODG, Chapter Head, 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 (magnetic resonance imaging).

Decision rationale: The requested MRI of the brain, is not medically necessary. The California MTUS is silent on this clinical issue. Official Disability Guidelines, Head, MRI (magnetic resonance imaging) note that this imaging study is recommended: To determine neurological deficits not explained by CT; To evaluate prolonged interval of disturbed consciousness; To define evidence of acute changes super-imposed on previous trauma or disease. The injured worker has persistent neck pain and daily headaches, along with sleep disturbance. The treating physician has documented slight cervical range of motion restrictions without tenderness, equal and full upper extremity reflexes and sensory and motor exams, negative Babinski and Hoffman signs. The treating physician has not documented the following details: history of altered sensorium associated with headaches, physical exam findings indicative of intracranial pathology, nor red flag conditions. The criteria noted above not having been met, MRI of the brain is not medically necessary.