

Case Number:	CM14-0069922		
Date Assigned:	07/14/2014	Date of Injury:	05/08/2013
Decision Date:	09/10/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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 Occupational 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 patient is a 59 year old female who was injured on 05/08/2013 when she was beaten by a psychotic patient, suffering multiple punches to the head, ear, mouth, chest, upper back and back in general. Prior medication history included Tylenol, Motrin and Ultram. Progress report dated 05/08/2014 documented the patient to have complaints of headaches which she reported lasts for 24 hours aday, seven days a week. She rated the pain a 5-7/10. The pain from the headaches caused stomach upset as well as photophobia and blurring vision. She noted she gets dizzy and nauseous when she gets the headaches. The pain is usually begin in the neck and radiates forwards and rostrally with aching and burning pain in the neck and into headaches. She also described neck pain, shoulder pain, bilateral arm pain, upper back pain and mid back pain. Objective findings on exam revealed blood pressure is 130/80; pulse 88 and regular. The cervical spine revealed tenderness of the cervico-occipital junctures bilaterally. Rotational movements are decreased to 50% of normal bilaterally. She moves "en bloc" when turning. Her neuro exam revealed cranial nerves II through XII are intact. Motor exam revealed 5/5 strength bilaterally in all planes. She had normal finger to nose and heel to shin tests with fine coordinated movements. She is diagnosed with status post closed head trauma; chronic daily headaches. For her cervical and additional orthopedic diagnoses, they are deferred to AME [REDACTED]. It was felt that the patient would benefit from the use of amitriptyline 25 mg nightly and titrate upwards to efficacy. Prior utilization review dated 05/07/2014 states the request for MRI of the brain is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (updated 03/28/14).

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.

Decision rationale: This is a request for brain MRI, to rule out chronic subdural hematoma, for a 59-year-old female with chronic headaches injured on 5/8/13 when she struck repeatedly in the head by a psychotic patient. Head CT on the date of injury was apparently normal. Comprehensive neurologic consultation on 5/8/14 by [REDACTED] did not specifically recommend brain MRI. Headaches were felt to be predominantly cervical/musculoskeletal. The suspicion of chronic subdural hematoma was "quite low." Neurologic examination was essentially normal. However, a separate neurologic consultation on 2/7/14 by [REDACTED] recommended brain MRI to rule out an intracranial space-occupying lesion, such as chronic subdural hematoma, that could cause chronic headache. ODG guidelines recommend brain MRI "to define evidence of acute changes super-imposed on previous trauma or disease." The patient loosely fulfills this criteria as she has complaints of chronic, severe headache that began acutely after head trauma. A search of www.medscape.com shows head MRI is an appropriate diagnostic tool for work-up of new, daily, persistent headache. In sum, while the patient appears to have a pain disorder and a space-occupying lesion appears unlikely, brain MRI is appropriate to address the patient's complaints after head trauma. Therefore, this request is medically necessary.