

Case Number:	CM14-0072301		
Date Assigned:	07/16/2014	Date of Injury:	04/22/2014
Decision Date:	09/18/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 46-year-old female who was reportedly injured on April 22, 2014. The mechanism of injury is noted as an assault. The most recent progress note dated April 25, 2014, indicates that there are ongoing complaints of right shoulder pain, neck pain, headaches, and sinus pain. The physical examination demonstrated edema and tenderness of the left occipital/parietal region of the scalp. There was decreased peripheral vision and periorbital ecchymosis. There was also edema at the nose with slight deviation apparent. There was tenderness and spasms as well as decreased motion of the cervical spine. Examination the right shoulder also noted ecchymosis and tenderness with decreased shoulder range of motion. Diagnostic imaging studies of the nose noted a fracture. X-rays of the skull and sinuses were normal. Previous treatment is unknown. A request had been made for a magnetic resonance image of the brain and was not certified in the pre-authorization process on May 7, 2014.

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 (ODG), Criteria for MRI examination of the head/brain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Magnetic Resonance Imaging, Updated August 11, 2014.

Decision rationale: According to the Official Disability Guidelines, a magnetic resonance image (MRI) of the head/brain is indicated for neurological deficits, prolonged periods of disturbed consciousness, or evidence of acute changes superimposed on previous trauma or disease. As the attached medical record does not indicate that the injured employee has these issues, this request for an MRI of the brain is not medically necessary.