

Case Number:	CM14-0076159		
Date Assigned:	07/16/2014	Date of Injury:	02/17/2012
Decision Date:	08/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/23/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 4/16/14 progress note indicates the insured was injured 2/17/12 that included being struck in face and head with loss of consciousness. The insured sustained facial fractures. The insured is having headaches with symptoms of dizziness, vertigo, memory problems, ringing in the ears, and loss of balance. Examination noted intact cranial nerves with positive left hallpike maneuver. There was difficulty with tandem gait and decreased sensation about the left 5th finger. Diagnosis of post-concussion syndrome was noted. Formal neurocognitive evaluation and MRI of the brain was recommended by the treating physician. MRIs are reported to have been performed of the cervical, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-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) Brain, MRI.

Decision rationale: The medical records provided for review support persistent neurologic symptoms with "red flag" issues of memory problems, dizziness, and vertigo as well as abnormal tandem gait in the setting of a head injury associated with loss of consciousness and facial fractures which supports a moderate TBI. MRI of the brain is supported to aid in diagnosis and management of the insured.