

Case Number:	CM14-0080101		
Date Assigned:	07/18/2014	Date of Injury:	01/10/1997
Decision Date:	09/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/30/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 56 year old male who sustained an injury to his head on 01/10/97. The mechanism of injury is not documented. The records indicate that the injured worker is status post L4 through S1 anterior/posterior lumbar fusion dated 11/12/12. The injured worker was seen in the emergency department on 02/26/14 for dental pain and fever. The injured worker has had multiple other systemic injuries including seizures and a mouth infection. It was noted that the injured worker had "ear bleeding", most likely from a "transgression of the mouth infection through the Eustachian tube into the ear canal". It was noted that the injured worker was experiencing severe pain in the head with "burning of the brain". There was no recent detailed physical examination of the head provided for review. The treating physician requested MRI of the brain with and without contrast. It was noted that the injured worker has been pulling teeth with pliers at home due to the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Brain Stem without contrast and with dye: 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 (magnetic resonance imaging).

Decision rationale: The request for MRI brain stem without contrast and with dye is not medically necessary. The previous request was denied on the basis that there were no reported neurological deficits on physical examination or history of prolonged interval of altered disturbed consciousness to warrant MRI brain imaging. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given the absence of recent physical examination findings of the head, the request for MRI brain stem without contrast and with dye is not indicated as medically necessary.