

Case Number:	CM14-0186571		
Date Assigned:	11/14/2014	Date of Injury:	06/06/2014
Decision Date:	01/05/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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 Clinical Neurophysiology and is licensed to practice in Virginia. 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:

According to the records made available for review, this is a 26-year-old male with a date of injury on 06/06/2014. Documentation from 07/07/2014 indicated that the injured worker was cleaning a street with a blower tool and while operating this tool, was wearing ear plugs. Upon removal of the ear plugs the injured worker experienced ear pain that continued after initial incident. There is documentation in the Utilization Review dated 10/22/2014 that on the date of the injury on 06/06/2014, the injured worker was involved in a motor vehicle accident. It is documented that while driving a truck, he was struck by another vehicle on the driver side door while at a red light. There is no documentation on the speed of either vehicle at the time of this event. There is also no documentation as to whether or not the injured worker struck his head. Documentation from 10/08/2014 indicated the diagnoses of decreased hearing, possible hearing nerve injury, headache secondary to ear pain, and possible cochlear nerve injury. The documentation from 10/08/2014 noted subjective findings of complaints of ongoing pain in the bilateral ears, ringing in the ears that were noted have improved headaches with nausea that was also noted to have improved on an average of two to three times a week. Physical examination was remarkable for headaches, right ear and occiput pain, ringing in the ears, and nausea. The injured worker was evaluated by an ear, nose, and throat specialist on 09/14/2014 where the injured worker had his ears cleaned. Documentation noted that the injured worker was to have further testing by the ear, nose, and throat specialist but was unable to do so due to equipment failure. The record from 10/08/2014 noted prior treatment of medication regimen of Tylenol, Mobic, Naproxen, Prilosec, and Flexeril; use of cotton balls in the ears to help decrease the ringing in the ears; a course of acupuncture; and an order for an magnetic resonance imaging of the head to assess the injured worker for any pathology related to continued nausea and headaches. While documentation indicated that acupuncture treatments were provided, there was no documentation

of quantity, treatment plan, or results of prior acupuncture visits. Physician documentation from 10/08/2014 noted the injured worker to have improvement of pain and function with the medications Naproxen and Flexeril, and relief of gastrointestinal symptoms with Omeprazole; however the documentation of these records did not provide specific details of functional improvement, improvement in work function, or in activities of daily living. Medical records from 10/08/2014 noted a work status of partial disability with the avoidance of working near equipment with loud noises, and to use earplugs around loud noise. However if this is not attainable then the injured worker is to be placed on temporary total disability. On 10/22/2014, Utilization Review non-certified a magnetic resonance imaging of the head. Utilization Review provided did not contain the explanation of why the request of a magnetic resonance imaging of the head was not medically necessary. There is no documentation in the medical record of the clinical pattern of the patient headaches. There are no documented abnormalities on Neurologic exams in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for Head: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Imaging Management Guidelines 2010, Section: Indications for an MRI Head, pages: 20-21

Decision rationale: The American Imaging Management Guidelines states that in patients with hearing loss, an MRI brain is indicated only in patients with an abnormal Neurologic evaluation or an abnormal ear, nose and throat evaluation (ENT) such as audiometry or auditory brainstem response (ABR). In the case detailed above, the injured worker has no specific clinical evidence in the ENT evaluation to reflect an abnormal exam. All Neurologic exams documented in the medical record are normal. The American Imaging Management Guidelines further states that diagnostic indications for an MRI head are present in an adult patient with a headache with criteria met that include a sudden onset and severe headache including a thunderclap headache or the worst headache of one's life or an increased frequency and severity of the headaches. In the case described above, there is no clinical record of the specific intensity of the patient's headache. The headaches and tinnitus are not documented as clinically worsening but rather are in a pattern that are noted to have improved according to the clinical note dated 10/08/2014. Therefore, according to the guidelines and a review of the evidence, a request for an MRI head is not medically necessary.