

Case Number:	CM14-0189283		
Date Assigned:	11/18/2014	Date of Injury:	12/06/2013
Decision Date:	01/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/11/2014

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 Emergency 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:

Patient with reported date of injury on 12/6/2013. Mechanism of injury is described as being hit by a van, throw to ground suffering L scalp laceration, L arm and L leg injury. Patient has a diagnosis of cervical, thoracic and lumbar sprain/strain; post traumatic cephalgia and L rib fractures. Medical reports reviewed. Last report available until 10/27/14. Patient complains of L neck, L shoulder and L lower paralumbar pain. Objective exam reveals normal ambulation. Neck exam reveals tenderness to L lower paracervical area with mildly decreased range of motion. L shoulder exam reveals no impingement signs of generalized mildly decreased ROM. No motor weakness. No sensory deficits were noted. From notes, a CT of the head was done during the initial trauma that revealed extra cranial soft tissue swelling in the left parietal region with some calcifications likely representing neurocysticercosis. Workup also revealed L side rib fractures and L leg fracture in tibia. Other imaging or neck, thoracic and lumbar was reviewed but is no related to this review. There is no mention or complaints of head problems on visit on 10/27/14. On 9/16/14 progress note, patient was complaining of induration to healed laceration site of scalp. Also was complaining of daily throbbing headaches of 6-7/10 with nausea, vomiting or blurred vision. Objective exam noted normocephalic with tenderness to parietal temporal area of scalp. Neurologically intact except for R pronator drift. There is no provided rationale for MRI/MRA brain request in progress note. Current medications include Metoprolol, Aspirin, Simvastatin, Benazepril and Norco. Patient has received physical therapy and acupuncture. Independent Medical Review is for MRI of brain. Prior UR on 11/6/14 recommended non-certification.

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), Treatment Index, 11th Edition (web), 2014, Head, MRI (magnetic resonance imaging)

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(Magnetic resonance imaging)

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, MRI of the brain may be recommended under certain situations. Patient does not meet criteria for MRI. MRI may be useful in determining neurological deficits, not explained by CT scan. There are no recent CTs documented. It may be useful in evaluating prolonged loss of consciousness or acute changes super-imposed on previous trauma or disease. Patient has chronic head complaints. There is no documentation of any red flag or changes. There are no documented conservative measures or rationale documented. MRI of the brain is not medically necessary.