

<b>Case Number:</b>	CM14-0189342		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational 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 is a 75 year-old male with date of injury 12/03/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/26/2014, lists subjective complaints as a scalp laceration with associated headaches and neck pain. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paraspinal muscles. Range of motion was restricted on forward flexion, extension, and rotation. Neurological examination of the face and head were within normal limits. Snout and glabella coordination tests were positive. Diagnosis: 1. Status post work-related accident with polytraumatism 2. Closed fracture of the upper end of the tibia 3. Head trauma with concussion and post-concussion syndrome 4. Post-traumatic headaches and post-traumatic positional vertigo 5. Rule out structural brain lesion 6. Focal neurological examination 7. Cervical, thoracic, and lumbosacral sprain 8. Left knee internal derangement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRA 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 MRA (Magnetic Resonance Angiography)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), MRA (magnetic resonance angiography)

**Decision rationale:** According to the Official Disability Guidelines, magnetic resonance angiography is indicated for: 1) closed head injury, rule out carotid or vertebral artery dissection, 2) penetrating injury, stable, neurologically intact, and 3) minor or acute closed head injury, focal neurologic deficit and/or risk factors, if vascular injury is suspected, for problem solving. The patient's injury is remote when considering the above criteria. MRA is not medically necessary.