

Case Number:	CM14-0203497		
Date Assigned:	12/23/2014	Date of Injury:	09/13/1995
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice, 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:

60 yr. old female claimant sustained a work injury on 9/13/15 involving the head. She was diagnosed with a head injury and a seizure disorder, low back pain and bilateral shoulder ankylosis. She had abnormal thought disorders related to an intracranial cyst and depression. She had undergone physical therapy for her neck and used analgesics for headaches. A progress note on 12/10/14 indicated the claimant had decreased sleep and pain in the neck. She was using a TENS at the time as well as traction. There was decreased range of motion in the cervical spine and spasms in the thoracic spine . She cried when discussing the severity of her migraines. There was a request for an MRI of the head.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Head: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head injury and MRI.

Decision rationale: According to the guidelines, an MRI is indicated for neurological deficits not explained by a CT, disturbed consciousness, or evidence of acute changes superimposed on previous trauma. In this case, the claimant did not have the above findings. The clinical notes do not correlate to the justification for an MRI of the head. As a result, the request for an MRI of the head is not medically necessary.