

<b>Case Number:</b>	CM14-0204565		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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:

The injured worker is a 43 year-old male, who sustained an injury on September 27, 2011. The mechanism of injury occurred from an assault. Diagnostics have included: October 29, 2014 audiometry reported as showing mild right high frequency sensorineural hearing loss. Treatments have included: medications, psychotherapy, nasal ORIF, physical therapy. The current diagnoses are: PTSD, depression, bipolar disorder. The stated purpose of the request for MRI of brain was not noted. The request for MRI of brain was denied on November 25, 2014, citing a lack of documentation of positive neurological exam findings. Per the report dated November 19, 2014, the treating physician noted complaints of tinnitus and difficulty with communication, and dizziness. Exam was noncontributory.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of 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- Head

**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:** The requested MRI of brain is not medically necessary. CA MTUS is silent on this clinical issue. Official Disability Guidelines (ODG), Head, MRI (magnetic resonance imaging) note that this imaging study is recommended: "To determine neurological deficits not explained by CT; To evaluate prolonged interval of disturbed consciousness; To define evidence of acute changes super-imposed on previous trauma or disease." The injured worker has tinnitus and difficulty with communication, and dizziness. The treating physician has not documented the following details: history of altered sensorium associated with headaches, physical exam findings indicative of intracranial pathology, nor red flag conditions. The criteria noted above not having been met, MRI of brain is not medically necessary.