

Case Number:	CM14-0208452		
Date Assigned:	12/19/2014	Date of Injury:	07/02/1997
Decision Date:	02/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/11/2014

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 Physical Medicine Rehab 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:

This 53 year-old patient sustained an injury on 7/2/1997 while employed by [REDACTED]. Request(s) under consideration include MRI of the brain. Diagnoses include cervical degenerative disc disorder. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints for this injury over 17 years. Report of 11/10/14 from the provider noted the patient has stopped Nortriptyline due to some side effects; has complained of headaches and depressed mood. There was no report of changed in clinical condition. Diagnoses was muscle tension headaches and temporal arthritis with request for Brain MRI to evaluate the headaches. The request(s) for MRI of the brain was non-certified on 11/20/14 citing guidelines criteria and lack of medical necessity.

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)- Head (trauma, headaches, etc. not including stress and mental disorders)

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), page 212

Decision rationale: Per ODG, Brain MRI is more sensitive than CT for detecting traumatic cerebral injury; however, is not recommended in patients who sustained a concussion/mild traumatic brain injury beyond the emergency phase of 72 hours post-injury except for conditions of red flags or deterioration. Indications for MRI of the brain may be performed to determine neurological deficits not explained by CT, evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super-imposed on previous traumatic disease, not demonstrated here. The patient has history of chronic headaches and cervical spine complaints without any acute change in symptoms, progressive clinical findings with neurological deficits identified to support for this imaging study outside the guidelines criteria. The MRI of the brain is not medically necessary.