

Case Number:	CM14-0051039		
Date Assigned:	07/07/2014	Date of Injury:	10/06/2010
Decision Date:	04/08/2015	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old female with an industrial injury on 10/06/2010. The mechanism of injury is described as occurring when she was working as a packer on an assembly line. She states she was using both upper extremities to check the bottoms of the cans, when she heard a pop in her left wrist. She had immediate pain. She also complains of TMJ pain and left maxillary paresthesia. On 01/23/2014 she presented with headaches and dizziness. Diagnoses included: Cephalgia and dizziness, Left arm reflex sympathetic dystrophy, Left TMJ pain, Left hemi hypoesthesia, Emotional distress. Prior treatments include diagnostics, radial nerve decompression on 10/07/2011, stellate blocks, cervical injection, medications and acupuncture. On 03/20/2014, the request for MRI of the brain Tesla 3.0 was non-certified. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brain MRI Tesla 3.0: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, head, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head Chapter: MRI.

Decision rationale: According to the 01/23/2015 report, this patient presents with headaches, which are left craniocervical going into the left frontal region of her head. The patient also complains of dizziness/vertigo that is positional and episodic. The current request is for Brain MRI Tesla 3.0. The request for authorization is not included in the file for review. The patient's work status is 'temporarily totally disabled.' Regarding MRI of the brain/head, ODG guidelines state that this is a well-established brain imaging study and is indicated as follows: "Explain neurological defects not explained by CT; to evaluate prolonged interval of disturbed consciousness, to define evidence of acute changes super-imposed on previous trauma or disease." Review of the provided medical reports does not mention prior MRI of the brain. In this case, the treating physician does not discuss specific evidence or findings to support the request other than 'headaches.' There is no discussion of unexplained neurological deficits, prolonged disturbed consciousness or the need to define evidence of acute changes per ODG criteria. Therefore, the request IS NOT medically necessary.