

Case Number:	CM15-0100799		
Date Assigned:	06/03/2015	Date of Injury:	06/27/2014
Decision Date:	07/08/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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: Family Practice

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 31 year old male, who sustained an industrial injury on 6/27/14. He reported striking his head and losing consciousness after behind hit from behind by a motor vehicle. The injured worker was diagnosed as having back contusion and shoulder contusion. Treatment to date has included oral medications including opioids, physical therapy and activity restrictions. X-rays of right shoulder were performed on 8/12/14 and (CT) computerized tomography scan of lumbar spine was performed on 12/16/14 and revealed disc protrusion at L4-5 and L5-S1 with sclerosis of L4-5 and L5-S1 facet joints and sclerosis of right and left sacroiliac joints. Currently, the injured worker complains of chronic pain in right shoulder and lower back with associated headaches and history of head injury; he rates the pain 8/10. Physical exam noted restricted range of motion of right shoulder, tenderness of acromioclavicular joint and lateral acromion and posterior aspect of right shoulder and lumbar tenderness and paraspinous muscle spasming with right sacroiliac joint tenderness. A request for authorization was submitted for X-ray of SI joint, (MRI) magnetic resonance imaging of right shoulder, (MRI) magnetic resonance imaging of head/brain and X-ray of L-spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Neurology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post-concussion syndrome by Randolph Evans, MD, in UpToDate.com.

Decision rationale: This patient receives treatment for chronic pain involving the shoulders, back and has daily headaches with a cognitive disorder. This relates back to a work-related injury on 06/27/2014. The was struck from behind by a moving car causing closed head trauma when his head struck the windshield. This review addresses a request by a neurologist consultant for an MRI of the brain. The patient was originally evaluated at an ED, but no head imaging is documented. The patient was opioid dependent, but weaned himself off of these. The patient may be suffering from chronic daily headache/analgesic withdrawal headaches; however, the patient exhibits memory difficulties since the accident. On physical exam there are no cranial nerve or other neurologic deficits on motor, sensory, or reflex exams. This patient has not head brain imaging related to his head trauma. The patient has recurring headache episodes and displays cognitive impairment. MRI is better than a head CT, because even in a normal head CT, the MRI may show positive findings in 30% of cases. Neuroimaging with a brain MRI is medically necessary to look for and document subdural hematomas and brain matter injury.