

Case Number:	CM15-0130265		
Date Assigned:	07/16/2015	Date of Injury:	10/11/2010
Decision Date:	08/12/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/06/2015

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: Emergency Medicine

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 54 year old female, who sustained an industrial injury on 10/11/2010. The mechanism of injury is unknown. The injured worker was diagnosed as having head contusion and cerebral concussion. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6/2/2015, the injured worker complains of pain in the left shoulder, lumbar spine and left lower extremity, difficulty sleeping, dizziness, headaches, anxiety and depression. Physical examination showed decreased range of motion in the lumbar spine and left shoulder. The treating physician is requesting open magnetic resonance imaging of the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI (Magnetic Resonance Imaging) of the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Open MRI (Magnetic Resonance Imaging) of the 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 was diagnosed as having head contusion and cerebral concussion. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6/2/2015, the injured worker complains of pain in the left shoulder, lumbar spine and left lower extremity, difficulty sleeping, dizziness, headaches, anxiety and depression. Physical examination showed decreased range of motion in the lumbar spine and left shoulder. 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, Open MRI (Magnetic Resonance Imaging) of the brain is not medically necessary.