

Case Number:	CM15-0132180		
Date Assigned:	07/20/2015	Date of Injury:	08/04/2014
Decision Date:	08/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (n) 49-year-old female, who sustained an industrial injury on 8/4/14. She reported blacking out related to work stress. The injured worker was diagnosed as having work-related anxiety symptoms, episodic dizziness without evidence of vertigo and chronic cervical pain with secondary headaches. Treatment to date has included physical therapy, Alprazolam and Fiorinal. As of the PR2 dated 4/6/15, the injured worker reported experiencing headaches in the occipitocervical region. These are frequent occurring daily or every other day and lasting for up to three days. Objective findings include cervical range of motion limited to the left and triggered some dizziness. The treating physician requested an MRI of the brain without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast (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, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head section, MRI.

Decision rationale: This claimant was injured now over a year ago with alleged blacking out related to work stress. The diagnoses were work-related anxiety symptoms, episodic dizziness without evidence of vertigo, and chronic cervical pain with secondary headaches. Treatment to date has included physical therapy, Alprazolam and Fiorinal. As of April 2015, there were headaches in the occipitocervical region. Objective findings include cervical range of motion limited to the left and triggered some dizziness. The treating physician requested an MRI of the brain without contrast. The ODG notes in the head section regarding brain MRI: Indications for magnetic resonance imaging: 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 Although there are subjective symptoms, I did not find definitive objective neurologic unexplained findings. I did not find interval of disturbed consciousness in the history. The request does not meet criteria for certification. This request is not medically necessary.