

<b>Case Number:</b>	CM15-0134810		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: North Carolina

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 56-year-old male, who sustained an industrial injury on 10/12/11. The injured worker was diagnosed as having head trauma with posttraumatic head syndrome, posttraumatic vertigo, posttraumatic ataxia, posttraumatic headaches and disorder of sleep and arousal. Treatment to date has included stitches to the scalp and medication. Currently, the injured worker complains of headaches, sleep problems, dizziness, lightheadedness, and difficulty processing information. The treating physician requested authorization for a MRI of the brain.

### 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 Chapter - QEEG (brain mapping).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI of the brain.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states MRI of the brain is indicated to evaluate prolonged loss of consciousness, to evaluate neurologic deficits not explained on CT and to evaluate acute on chronic changes. The review of the provided clinical documentation does not show the patient to meet these criteria and therefore the request is not medically necessary.