

Case Number:	CM15-0134960		
Date Assigned:	07/23/2015	Date of Injury:	08/21/2012
Decision Date:	08/26/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	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: Texas, New York, 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 applicant is a represented 45-year-old who has filed a claim for chronic neck pain with derivative complaints of headaches, depression, insomnia, and mood swings reportedly associated with an industrial injury of August 21, 2012. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for MRI imaging of the head. The claims administrator referenced an RFA form received on June 17, 2015 and an associated progress note of May 22, 2015 in its determination. The applicant's attorney subsequently appealed. On April 10, 2015, the applicant was placed off of work, on total temporary disability. Ongoing complaints of neck pain, reportedly severe headaches, depression, isolation, and sleep disruption were reported. Upper extremity paresthesias were also reported. The applicant was using Motrin, Prilosec, Ambien, and Soma, it was reported. On May 22, 2015, the applicant reported ongoing complaints of neck pain, upper back pain, headaches, and upper extremity paresthesias. The applicant also alleged issues with visual disturbance, it was reported. The applicant's visual acuity was not, however, measured. The applicant had apparently consulted a neurologist who recommended MRI imaging of the head. Multiple medications were renewed, including Motrin, Soma, Ambien, and Prilosec while the applicant was placed off of work, on total temporary disability. On March 26, 2015, the applicant informed his psychologist that he had developed issues with headaches, insomnia, difficulty concentrating, confusion, and alleged cognitive impairment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with contrast of the head: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter-Magnetic resonance imaging (MRI).

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: Yes, the proposed MRI of the head was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, ODGs Head Chapter MRI Imaging topic notes that MRI imaging is a well-established brain imaging study. ODG also notes that MRI scans are used to assess permanent or transient changes, to determine the etiology of subsequent clinical problems, and to plan treatment. Here, the applicant had apparently presented on various office visits, referenced above, alleging issues with severe headaches, difficulty concentrating, visual disturbance, cognitive dysfunction, etc., suggested above. As suggested by ODG, MRI imaging was indicated to assess the etiology of the applicant's problems. The applicant was described as having significant psychiatric overlay. MRI imaging, thus, would have been invaluable in helping to distinguish between organic brain-related pathology versus underlying psychopathology. Therefore, the request was medically necessary.