

Case Number:	CM15-0164210		
Date Assigned:	09/01/2015	Date of Injury:	05/15/2014
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey, New York
 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 58 year old female, who sustained an industrial injury on 5-15-2014. She reported that a bag of empty bottles was swung and hit her in the head. The injured worker was diagnosed as having acute post-traumatic headache, not intractable. Treatment to date has included diagnostics, physical therapy, and medications. Currently (7-03-2015), the injured worker complains of headaches and neck pain. She reported that she felt the pain in her neck was coming from the right parietal area (where she had the injury), although when she has a headache, the pressure in her neck resolved the headache. She reported benefit from physical therapy and currently had no neck pain. Pupils were equal and reactive to light and accommodation. She was still awaiting an appointment with a neurologist for evaluation of her headache. She was able to continue regular work. Medications included Ibuprofen and Armour Thyroid. Current physical therapy notes referenced the use of Norco. The treatment plan included magnetic resonance imaging of the brain and cervical spine. Prior radiographic imaging of the head was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Head Procedure Summary.

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.

Decision rationale: The request for MRI brain is not medically necessary. MTUS guidelines do not address this so ODG guidelines were used. The patient had a neck and head injury. He had documentation of headaches but did not have neurological exam findings that would warrant an MRI. He did not describe dizziness or loss of consciousness. The patient has had a negative CT. There have been no documented intervals of disturbed consciousness or acute changes superimposed on previous trauma or disease. Therefore, the request is considered not medically necessary.