

Case Number:	CM15-0185475		
Date Assigned:	09/25/2015	Date of Injury:	10/14/2008
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 male, who sustained an industrial injury on 10-14-2008. The injured worker was being treated for postconcussive syndrome, posttraumatic seizure disorder, posttraumatic headaches, chronic pain syndrome, rule out possible central versus peripheral vestibulopathy, rule out possible posttraumatic visual syndrome, hearing loss, posttraumatic migraines, unclear etiology of subjective bilateral upper extremity paresthesias, depression-anxiety, rule out atypical seizure disorder versus panic attacks, and dysphasia. Treatment to date has included diagnostics, vestibular rehab, mental health sessions, left knee surgery, visual therapy, trigger point injections, and medications. A neurorehabilitation progress report dated 5-28-2015, noted that he was seeing a psychologist, psychiatrist, and visual therapist. He reported more intense dizzy spells, resulting in falls, with the last one on 5-23-2015, noting denial of new or worsening focal neuro symptoms post fall, impaired balance, hearing loss, bilateral shoulder and neck pain with radiation to the head, headaches, impaired cognition, blurred vision, bilateral upper extremity paresthesias, and depression. A neuro-otologist accepting work comp was not yet found. Currently (8-24-2015), the injured worker complains of "more intense dizzy spells and has had multiple paralytic episodes in crowded environments". He was still seeing a psychologist and continued visual therapy. It was documented that he continued to do well status post left knee arthroscopic surgery for a meniscal tear from a fall in 12-2014. He reported that intermittent dizziness occurred ever since his initial accident in 2008. It was documented that his vestibular rehab therapist was reporting that "balance and dizzy symptoms won't improve until migraines are managed". He reported that paralytic episodes and increased word finding

difficulties may have started when he started Topamax. He denied loss of consciousness but reported the inability to verbalize, and proprioceptive touch by others helped maintain balance during these episodes. Also reported were impaired balance (since initial injury), hearing loss (since initial injury), constant and daily pain in his bilateral shoulders and neck with radiation to the head, headaches (since initial injury but with increased intensity), impaired cognition (neuropsych evaluation noting psychological factors impacting on his condition), blurred vision (after seizure in 2009, improved with new glasses and visual therapy), bilateral upper extremity paresthesias (occurred after seizure in 2009), and depression. He was independent with all activities of daily living and has resumed driving. Current medications included Klonopin, Cymbalta, Topamax, Elavil, Mobic, Percocet, and Norvasc. His blood pressure was 130 over 87 and pulse was 66. Exam noted the ability to ambulate without evidence of splinting, guarding, pain behavior, or antalgic gait. He was awake and alert but with "significant word finding deficits causing dysfluency". Exam of his head, eyes, ears, nose and throat noted only "glasses with binasal occlusion". Musculoskeletal exam was "essentially unchanged". His work status was total temporary disability. Magnetic resonance imaging of the brain was recommended to rule out new intracranial process, "given new symptoms". Previous diagnostics regarding the head-brain were not submitted. The treatment plan included magnetic resonance imaging of the brain, non-certified by Utilization Review on 9-04-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Brain (Repeat): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Head, MRI of the Brain.

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 brain.

Decision rationale: 8/25/15 note reports exam noted the ability to ambulate without evidence of splinting, guarding, pain behavior, or antalgic gait. He was awake and alert but with "significant word finding deficits causing dysfluency". Exam of his head, eyes, ears, nose and throat noted only "glasses with binasal occlusion". Musculoskeletal exam was "essentially unchanged". ODG guidelines support MRI brain for new or worsening neurologic findings or demonstrated concern for red flag issue such as infection or malignancy. The medical records provided for review do not support persistent neurologic symptoms with red flag issue. MRI of the brain is not supported to aid in diagnosis and management of the insured congruent with ODG guidelines. The request is not medically necessary.