

Case Number:	CM15-0188189		
Date Assigned:	09/30/2015	Date of Injury:	05/07/2015
Decision Date:	12/04/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/24/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 43 year old female, who sustained an industrial injury on 5-7-2015. The injured worker was being treated for a head contusion. The injured worker (8-10-2015) reported pain behind the right ear with occasional ringing in the right ear, episodes of right eye vision darkening, a sensation of cars moving like when she is in a car, and tension along the right posterior neck. The physical exam (8-10-2015) reveals grossly intact hearing, normal appearance of the auricles of the bilateral ears, clear bilateral external auditory canals, the tympanic membranes with areas of myringosclerosis, tenderness to palpation of the sternocleidomastoid muscle insertion onto the mastoid bone, and tenderness to palpation of the right temporomandibular joint and posterior cervical muscles. The injured worker (8-26-2015) reported ongoing headache, vertigo, and right tinnitus. The injured worker reported vertigo and daily, intermittent headaches that are slightly improved. She reported that Tylenol is partially helpful. The physical exam (8-26-2015) reveals a normal neurological exam. The injured worker (8-28-2015) reported ongoing headache, vertigo, and right tinnitus. The physical exam (8-28-2015) reveals the injured worker was in no acute distress, but there was no neurological exam. Per the treating physician (8-10-2015), a hearing test (8-10-2015) revealed tympanic membranes within normal limits, inability to maintain pressure for reflexes, bilateral tympanic membrane scarring, and a small monomeric area in the superior portion of the right tympanic membrane. In addition, objective findings include hearing within normal limits though 8 kHz AU, speech discrimination was 96% on the right and 100% on the left at 45 disc bulge HL, and DPOAE's present 750-2 kHz, reduced-absent 3-8 kHz AU. Treatment has included ice, non-steroidal medication, and pain medication. Per the treating physician (8-31-2015 report), the injured worker is working full duty. On 8-31-2015, the requested treatments included an MRI of the brain. On 9-4-2015, the original utilization review non-certified a request for an 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), TWC guidelines for head (trauma, headaches, etc. not including stress & mental disorders) updated 07/24/2015.

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the brain is not medically necessary. MRI scans are superior to scans for detection of intracranial pathology except for bone injuries such as fractures. Indications for MRI include, but are not limited to, determine neurologic deficits not explained by computed tomography; evaluate prolonged interval of disturbed consciousness; and to define evidence of acute changes superimposed on previous trauma or disease. A brain MRI is not indicated in patients who sustain a concussion/mild traumatic brain injury beyond the emergency phase except in conditions where red flags are noted. In this case, the injured worker's working diagnoses are posttraumatic headaches; vertigo; and right tinnitus. Date of injury is May 7, 2015. Request for authorization is August 31, 2015. According to an August 28, 2015 progress note, the injured worker is status post had contusion. The injured worker was hit on the right side of the head. Subjective complaints include headaches since the injury with vertigo and tinnitus. Objectively, vital signs are documented. There is no physical examination in the medical record. There is no head examination or neurologic evaluation. A brain MRI is not indicated in patients who sustain a concussion/mild traumatic brain injury beyond the emergency phase except in conditions where red flags are noted. There were no red flags documented. There is no physical examination or neurologic evaluation in the progress note documentation. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and no documentation of neurologic deficits, physical examination or neurologic evaluation, MRI of the brain is not medically necessary.