

Case Number:	CM15-0190106		
Date Assigned:	10/02/2015	Date of Injury:	10/23/2013
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This injured worker is a 44 year old male, who sustained an industrial injury on 10-23-2013. The injured worker was diagnosed as having history of transient ischemic attack and cephalgia. On medical records dated 07-27-2015 and 06-10-2015, the subjective complaints were noted as unchanged headaches. Objective findings regarding headaches were not provided. Treatments to date included medication and laboratory studies. The injured worker was noted to be on full duty. Current medications were listed as Dexilant, Gavison, Colace, Probiotics and Prep H Cream. The Utilization Review (UR) was dated 09-11-2015. A request for Neurology consultation, MRI of the brain and Retro: DOS 07-27-2015 body composition study was submitted. The UR submitted for this medical review indicated that the request for Neurology consultation, MRI of the brain and Retro: DOS 07-27-2015 body composition study was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Page 127 Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Initial evaluation and management of transient ischemic attack and minor stroke.

Decision rationale: Transient ischemic attack (TIA) is now defined as a transient episode of neurologic dysfunction caused by focal brain, spinal cord, or retinal ischemia, without acute infarction. The end point, stroke, is biologic (tissue injury) rather than arbitrary (24 hours). In keeping with this definition of TIA, ischemic stroke is defined as an infarction of central nervous system tissue. The initial evaluation of suspected TIA and minor (ie, non-disabling) ischemic stroke includes basic laboratory studies that are suggested by the history and physical examination, an electrocardiogram, brain imaging, and neurovascular imaging. Laboratory testing is helpful in ruling out metabolic and hematologic causes of neurologic symptoms, including hypoglycemia, hyponatremia, and thrombocytosis. Several neurologic disorders give rise to transient focal neurologic symptoms, and these should be considered before establishing a diagnosis of TIA. In addition to TIAs, the most important and frequent causes of discrete self-limited attacks include seizures, migraine auras, and syncope. In this case documentation of acute focal neurological symptom/deficits is insufficient to support the diagnosis of TIA. Furthermore the chronicity of the symptoms is not consistent with the diagnosis of TIA. Medical necessity has not been established. The request is not medically necessary.

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, Head Chapter.

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: Magnetic Resonance Imaging (MRI) is a well-established brain imaging study in which the individual is positioned in a magnetic field and a radio-frequency pulse is applied. Hydrogen proton energy emission is translated into visualized structures. Normal tissues give off one signal, while abnormal structures give off a different signal. Due to its high contrast resolution, MRI scans are superior to CT scans for the detection of some intracranial pathology, except for bone injuries such as fractures. MRI may reveal an increased amount of pathology as compared with CT. Neuroimaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. Indications for magnetic resonance imaging: To determine neurological deficits not explained by CT. To evaluate prolonged interval of disturbed consciousness. To define evidence of acute changes super-imposed on previous trauma or disease. In this case the request for MRI was for diagnosis of TIA, but documentation in the medical record does not support the diagnosis of TIA. There is documentation of weakness and

numbness, but location, duration, time of occurrence and frequency of symptoms is not present. There is no documentation of permanent neurological dysfunction. There is no indication for MRI as defined by ODG. Medical necessity has not been established. The request is not medically necessary.

Retro: DOS 07/27/15 body composition study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article: Nutrition and Athletic Performance - http://www.medscape.com/viewarticle/717046_6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Determining body composition in adults.

Decision rationale: Methods for determining body composition continue to improve, greatly increasing the accuracy and ease of making these measurements. Body composition measurements may be useful in undernourished patients, or for identifying patients who do not have an increase in overall body fat, but who have an increase in visceral fat. This latter circumstance is associated with a substantially increased risk of heart disease and diabetes. Measurement of body composition is also instructive for assessing body changes associated with growth and development, aging (sarcopenia), and in certain disease states (eg, human immunodeficiency virus HIV, diabetes). In this case documentation does not support the diagnosis of undernourishment and identification of visceral fat will not affect management. Medical necessity has not been established. The request should not be authorized.