

Case Number:	CM15-0192229		
Date Assigned:	10/06/2015	Date of Injury:	12/09/2014
Decision Date:	11/12/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina
 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:

This is a 43 year old male who sustained an industrial injury on 12-9-2014. A review of the medical records indicates that the injured worker is undergoing treatment for blunt facial-head trauma. According to the evaluation dated 8-31-2015, the injured worker complained of right sided headaches, which were on and off. He complained of nausea, but no vomiting. He had problems with concentration. He complained of pain on the right side of his head rated 6 to 7 out of 10 at worst. He also complained of on and off blurred vision. The physical exam (8-31-2015) revealed a small, healed laceration on the right side of his face. The physician documented "cerebellar exam intact." Mini mental status score was 30 out of 30. The injured worker reported having no treatment for his post-concussion syndrome. The request for authorization was dated 8-31-2015. The original Utilization Review (UR) (9-29-2015) denied a request for magnetic resonance imaging (MRI) of the brain. UR modified a request for Tramadol from quantity 120 to 108.

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), MRI (magnetic resonance imaging).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that neuroimaging is not indicated in patients who have sustained a concussion past the emergency phase (first 72 hours) unless deterioration in the patient's condition occurs. There has been no cognitive decline or new neurologic deficits noted on exam. Therefore, the request is not medically necessary.

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication.. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.