

Case Number:	CM15-0195398		
Date Assigned:	10/09/2015	Date of Injury:	06/18/2015
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California
 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 46 year old female, who sustained an industrial injury on 6-18-2015. The injured worker is being treated forehead contusion, cervical sprain, and concussion status post fall. Treatment to date has included diagnostics and medications. Computed tomography (CT) scan of the brain dated 5-18-2015 showed no acute intracranial findings. Per the Doctor's First Report of Injury dated 8-23-2015 the injured worker reported improving dizziness and nausea but increasing neck pain. She is sleeping a lot, sometimes over 14 hours. Objective findings included very mild tenderness to palpation over the right temporal aspect of the head. Pupils are round and reactive to light and accommodation. Extraocular movements are intact. There was tenderness over the spinal aspect of the neck as well as the right paraspinal musculature. Range of motion is full, however she does have pain in all directions. Work status was off work until recheck. The plan of care included medications and physical therapy. Authorization was requested for magnetic resonance imaging (MRI) for the brain. On 9-14-2015, Utilization Review non-certified the request for MRI for the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for 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, 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) Head chapter and pg 26.

Decision rationale: According to the guidelines, MRI for the brain is indicated for: 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 claimant had an unremarkable CT of the head. There was no loss of consciousness and there were no progressive neurological deficits. For the purpose of trauma and vertigo related to any type of dissection injury, and MRA rather than an MRI is appropriate. The request for the Brain MRI is not medically necessary.