

<b>Case Number:</b>	CM15-0198358		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	05/29/2009
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old male, who sustained an industrial injury on 5-29-09. The injured worker was diagnosed as having posttraumatic headache; confusion; pain in thoracic spine; cervical pain. Treatment to date has included physical therapy; status post cerebral artery malformation repair (12-2010); status post craniotomy; medications. Diagnostics studies included CT scan head (10-11-14); MRI of the brain (10-11-14); MRA brain (10-11-14-10-13-14). Currently, the PR-2 notes dated 8-19-15 indicated the injured worker complains of dizziness, headaches, ataxia and confusion. The provider documents the injured worker fell from a roof causing the industrial injury. "He has brief LOC, got up quickly. He was taken to the hospital for exam and treatment." He had surgery on the brain for AVM on 12-13-2010. He has been complaining of dizziness along with headaches since then and forgetfulness. Dizziness is present most of the time and memory issues. Patient turns his head to either side but light headiness is present. No vomiting. He has balance issues and seems to be weak on the left side and has been drifting with no falls. He notes tingles in the hands and feet is present most of the time. Patient reports he did have some studies done previously-no reports available. Memory is impaired, short term and long term since the surgery to the brain after his fall. Patient is forgetful for immediate summary. Headaches are present on a scale of 5 out of 10 without nausea and vomiting. Patient does not have any photophobia or phonophobia. He complains of confusion. The provider includes a complete physical examination. The provider notes "It appears that the patient has posttraumatic headaches along with confusion, memory loss, neck pain, and thoracic pain. The provider is suggesting an EEG to find out any subclinical seizures. He will

start him on Pamelor 25 mg a day. He does not have his prior medical records at this time to review. There are PR-2 notes dating back to January 2012. There is evidence of brain MRI's and CT scans from 2014. It is difficult to discern what retro date of service the provider is requesting for this retro MRI of the brain. A Request for Authorization is dated 10-8-15. A Utilization Review letter is dated 9-18-15 and non-certification for Retro MRI of the brain. A request for authorization has been received for Retro MRI of the brain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro 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.

**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.

**Decision rationale:** The injury occurred back in 2009. There have been CT of the head, MRI of the brain, MRA of the brain. The ODG notes in the head section: 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, there are no neurologic deficits which are unexplained, or a prolonged interval of disturbed consciousness. Multiple studies have been done of the brain area. It is not clear what has changed to drive the need for repeat imaging. The need for repeat advanced imaging of the brain is not established.