

Case Number:	CM15-0198402		
Date Assigned:	10/13/2015	Date of Injury:	05/29/2009
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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(n) 48 year old male, who sustained an industrial injury on 5-29-09. The injured worker was diagnosed as having cerebral cavernous malformation and nausea and vomiting. Medical records (8-19-14 through 10-11-14) indicated 5 out of 10 headache pain, dizziness and balance issues. The physical exam (8-19-14 through 10-11-14) revealed no focal deficits, cranial nerves normal, motor, and sensory within normal limits. As of the inpatient record dated 10-17-14, the injured worker reports nausea, vomiting and headache. The treating physician noted chronic numbness along the right side. Treatment to date has included brain surgery on 12-13-2010, an MRI of the brain on 10-11-14 showing a globoid mass in the right frontal lobe and Pamelor. The treating physician requested a retro MRA of the brain. The Utilization Review dated 9-18-15, non-certified the request for a retro MRA of the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Magnetic resonance arthrogram (MRA) of the brain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head - MRA (Magnetic resonance arthrography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Head, MRA.

Decision rationale: The patient presents with pain affecting the head. The current request is for Retro Magnetic resonance arthrogram (MRA) of the brain. The treating physician report dated 10/11/14 (50C) states, "The patient suffered a head injury secondary to an industrial trauma accident." He underwent craniotomy where they removed a tumor and also he had a cerebral artery malformation. " The patient presents in the emergency department today with nausea and vomiting out of control. He is also reporting headaches and continued dizziness." The report goes on to state, "His vital signs were within normal limits in the emergency room, but the patient was altered". (Treating physician) has been notified and he recommends further MRA and MRI of the brain with and without contrast. The MTUS guidelines do not address the current request. The ODG guidelines state that MRA's of the head are recommended for "Minor or mild acute closed head injury, focal neurologic deficit and/or risk factors, if vascular injury is suspected, for problem solving." In this case, the patient is status post brain surgery, and trauma to the head. Furthermore, the treating physician is requesting an MRA in order to properly diagnose the patient as he presents in the emergency room with neurologic deficits and other possible risk factors. The current request satisfies the ODG guidelines as outlined in the "head" chapter. The current request is medically necessary.