

Case Number:	CM15-0207599		
Date Assigned:	10/26/2015	Date of Injury:	06/22/2015
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/21/2015

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

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:

This is a 56-year-old male with a date of injury on 6-22-15. A review of the medical records indicates that the injured worker is undergoing treatment for head, neck and back pain. Progress report dated 9-29-15 reports complaints of constant headaches located in his forehead, top and back of his head, rated 5-6 out of 10. He reports dizziness, blurred vision, memory problems, ringing in his ears, depression, anxiety, sleep difficulty and sensitivity to light and sound. He also has complaints of constant pain in the back of his neck that radiates to his head. He has constant right shoulder pain and intermittent non-radiating lower back pain. Objective findings: scarring behind the ear noted, he has cervical tenderness with spasm and range of motion is restricted, he is alert and oriented. He has difficulty with tandem gait. No previous MRI of the brain found within given medical records. Treatments include: medication, physical therapy, acupuncture and chiropractic. Request for authorization was made for Single positional MRI of the brain. Utilization review dated 10-12-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Single positional 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), Head, (trauma, headaches, etc., not including stress & mental disorders), 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/MRI (magnetic resonance imaging) Section.

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. MRI is more sensitive than CT for detecting traumatic cerebral injury. Indications for magnetic resonance imaging include: To determine neurological deficits not explained by CT; To evaluate prolonged interval of disturbed consciousness; and to define evidence of acute changes super-imposed on previous trauma or disease. In this case, there is no evidence of a prior brain CT. The request for 1 single positional MRI of the brain is determined to not be medically necessary.