

Case Number:	CM15-0021653		
Date Assigned:	03/18/2015	Date of Injury:	09/20/2013
Decision Date:	04/15/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/05/2015

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: Texas, New York, 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 applicant is a represented 55-year-old who has filed a claim for posttraumatic headaches, facial pain, jaw pain, anxiety, and depression reportedly associated with an industrial assault injury of September 20, 2013. In a utilization review report dated January 6, 2015, the claims administrator denied an MRI of the brain while conditionally denying the CPAP machine and associated supplies. A December 17, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On October 30, 2014, the applicant was described as having a variety of issues, including posttraumatic headaches, zygomatic bone fracture status post surgical repair of the same, neck pain, depression, and obstructive sleep apnea. The applicant had apparently had CT scanning of the face, which established the diagnosis of the various facial fractures, but had apparently not had MRI imaging of the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI 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 Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Amended 2014 (Resolution 39) ACR/ASNR/SPR PRACTICE PARAMETER FOR THE PERFORMANCE AND INTERPRETATION OF MAGNETIC RESONANCE IMAGING (MRI) OF THE BRAIN.

Decision rationale: Yes, the proposed MRI of the brain was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the American College of Radiology (ACR) notes that primary indications for MRI imaging of the brain include the evaluation of posttraumatic brain injuries, trauma, and hemorrhage, all of which are apparently suspected here. The applicant had ongoing issues with headaches, depression, difficulty concentrating, anxiety, etc. These symptoms were not necessarily explained by the previous CT scan of the face demonstrating multiple facial fractures, including a zygomatic fracture. Obtaining MRI imaging of the brain, thus, was indicated to further evaluate the applicant's complaints of headaches. Therefore, the request was medically necessary.