

<b>Case Number:</b>	CM15-0223643		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	08/12/2015
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: 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 27 year old male who sustained an industrial injury on 08-12-2015. According to a progress report dated 09-18-2015, the injured worker reported constant headaches, blurry vision in the left eye, and some numbness on the left side of the face, dizziness and neck pain. He was no longer able to drive because of car sickness and nausea. He was prescribed Norco and Oxycodone for pain but discontinued them after the medications caused him to become more irritable. There was limited range of motion of the neck with decreased clockwise rotation to the right and crepitus present on auscultation of TMJ which was more apparent on right TMJ than left. Neurological exam was otherwise unremarkable. Sensory, motor and oculomotor exams were normal. Deep tendon reflexes were 2 plus. Diagnoses included headache not otherwise specified, head injury not otherwise specified, cervicgia, neck pain, memory and cognitive change, myofascial pain, depression not otherwise specified, dizziness-vertigo not otherwise specified, neuralgia, radiculitis, post-concussion syndrome and post traumatic headache. The treatment plan included MRI of the brain to rule out tumor, aneurism, mass and any other underlying conditions that may have contributed to symptoms, physical therapy, Gabapentin, Baclofen and trigger point injection. Follow up was indicated in 2 weeks. A CT scan of the head, face and cervical spine was performed on 08-12-2015 and showed no acute intracranial pathology, no acute fracture of the facial bones, no acute fracture of the cervical spine and diffuse frontal scalp lacerations and soft tissue edema. An authorization request dated 10-12-2015 was submitted for review. The requested services included MRI of the brain without Gadolinium, ophthalmology consultation and Zofran 8 mg daily for nausea. On 10-19-2015, Utilization Review non-certified the request for MRI of brain without Gadolinium.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI of brain without Gadolinium:** 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, MRI.

**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 under MRA (Magnetic Resonance Angiography).

**Decision rationale:** Based on the 10/9/15 progress report provided by the treating physician, this patient presents with constant headaches, aching, pressure-like left-sided neck pain, dizziness, with pain rated 6/10 which has lasted for 4 weeks. The treater has asked for MRI of brain without gadolinium on 10/9/15. The patient's diagnoses per request for authorization dated 10/12/15 are post-traumatic headache, unspecified, not intractable; postconcussional syndrome; cervicgia; dizziness and giddiness; depression, recurrent, unspec; myalgia; and nausea. The patient is s/p recent head trauma when he was impacted by a 140 pound object from 15 feet above, after which he tripped and fell forward per 9/1/15 report. The patient was prescribed Norco and Oxycodone for pain but discontinued after medication made him irritable per 10/9/15 report. The patient is using a TENS unit and using Baclofen to get relief from neck pain and headaches per 9/1/15 report. The patient is currently working full time as of 10/9/15 report. ODG- TWC, Head Chapter under MRA (Magnetic Resonance Angiography) states: "Recommended as indicated below. Since the development of CT in the mid-1970s, the need for cerebral angiography for head injury has dramatically declined. Cerebral angiography has a role in demonstrating and managing traumatic vascular injuries such as pseudoaneurysm, dissection, or diagnosis and neurointerventional treatment of uncontrolled hemorrhage. Vascular injuries typically occur with penetrating trauma (i.e., gunshot wound or stabbing), basal skull fracture, or trauma to the neck. MRA is helpful for screening of vascular lesions such as thromboses, pseudoaneurysms, or dissection. Dynamic spiral CT angiography (CTA) and magnetic resonance angiography (MRA) have a role as less invasive screening tools for detection of traumatic vascular lesions. MRA and fat-suppressed T1-weighted MR or CTA may reveal carotid or vertebral dissection, although angiography remains the standard. (Davis, 2008). Indications for magnetic resonance angiography: Closed head injury, rule out carotid or vertebral artery dissection. Penetrating injury, stable, neurologically intact. Minor or mild acute closed head injury, focal neurologic deficit and/or risk factors, if vascular injury is suspected, for problem solving." Per 10/9/15 report, the treater states: "MRI of brain is recommended to r/o tumor/aneurism/mass/any other underlying conditions that may have contributed to the patient's symptoms. Utilization review letter dated 10/19/15 denies the request as there is no documentation of neurological deficits not explained by CT, no prolonged interval of disturbed consciousness, or acute changes. ODG guidelines recommend MRI of brain for a head closed

injury to rule out carotid or vertebral artery dissection, penetrating injury, or mild/minor acute closed head injury with focal neurological deficits and/or risk factors. However, treater does not discuss any neurological findings to support the request. The physical exam on 10/9/15 showed limited range of motion of neck with decreased clockwise rotation to the right and crepitus present on auscultation of TMJ which is more apparent on right TMJ than left. Neurological exam is otherwise unremarkable. Sensory, motor, and oculomotor exams were normal." In addition, the patient's pain level has decreased and activity level has increased since beginning treatment per 10/9/15 report. Although the patient is s/p traumatic head injury, the patient had a CT of the brain administered on the day of the original injury which the included documentation does not include or discuss. There is no discussion of neurological decline or any red flags that would necessitate further evaluation. As such, the patient does not meet guideline requirements for an MRI of the brain. Therefore, the request is not medically necessary.