Case Number:	CM15-0039503		
Date Assigned:	03/09/2015	**Date of Injury:**	05/09/2013
Decision Date:	04/22/2015	**UR Denial Date:**	02/02/2015
Priority:	Standard	**Application Received:**	03/02/2015

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, California
Certification(s)/Specialty: Family Practice

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 41-year-old male who sustained an industrial blunt force temporal forehead injury on May 9, 2013. The injured worker had an approximate 3 minute period of loss of consciousness. The injured worker currently experiences headaches from both front temples to the sides of his head and neck, dizziness, ringing in both ears, burning pain in the eyes, cervical spine pain and lumbar spine pain that radiates to his right leg.The injured worker was diagnosed with post-concussion syndrome, right frontal lobe T2 signal changes according to the brain magnetic resonance imaging (MRI) on January 24, 2014, occipital neuralgia, temporomandibular Joint (TMJ) disorder according to the magnetic resonance imaging (MRI) of the temporomandibular Joint (TMJ) on January 24, 2014, cognitive disorder, mild depression and anxiety disorder, vertigo, disequilibrium, tinnitus, blurred vision, arachnoid cyst and mild multi-level degenerative changes of the lumbar spine. The injured worker has a history of hypertension.According to the physician's report on December 19, 2014 the injured worker's neurological examination demonstrated fluent speech, appropriate mood and affect, short and long term memory grossly intact and cranial nerves II to XII were within normal limits. Examination of the neck demonstrated no tenderness or spasm in the paravertebral, trapezii, intrascapular and sternocleidomastoid muscles. The injured worker experienced moderate pain with active range of motion of the cervical spine in all planes. The peripheral joints and extremities showed full range of motion without arthralgia. The examination of the lumbar spine noted tenderness and spasm of the paraspinal muscles, tenderness at the sacroiliac (SI) joint and the sciatic notches bilaterally. Straight leg raise was positive bilaterally, sitting and supine.

Normal base, stride and gait were noted. Positive Romberg was demonstrated. No pathological reflexes were elicited. Current medications consist of Hydrocodone, Naproxen, Sertraline and Zolpidem. Current treatment plan is rule out traumatic brain injury (TBI), audiology testing for middle ear trauma; physical therapy, sleep studies and follow up psychological evaluation and treatment.The patient has had right frontal lobe T2 signal changes according to the brain magnetic resonance imaging (MRI) on January 24, 2014. The patient has had CT scan for this injury Patient has received an unspecified number of PT, psychotherapy and chiropractic visits for this injury

IMR ISSUES, DECISIONS AND RATIONALES

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

3T MRI of the brain with DTI and fMRI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines and Americal College of Radiology Practice Guideline.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 01/21/15) MRI (magnetic resonance imaging) Diffusion tensor imaging (DTI).

Decision rationale: Request: 3T MRI of the brain with DTI and fMRI.ACOEM guideline does not specifically address this issue. Hence ODG used. Per the guidelines cited below, brain MRI is recommended for "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." Diffusion tensor imaging (DTI): Not recommended yet as a routine diagnostic test for TBI, but recommended in a research setting. Methodological issues concerning this promising technology still need to be resolved.The patient has had right frontal lobe T2 signal changes according to the brain magnetic resonance imaging (MRI) on January 24, 2014. The patient has had CT scan for this injury.Any significant changes in objective physical examination findings since the last MRI that would require a repeat MRI study were not specified in the records provided. According to the physician's report on December 19, 2014 the injured worker's neurological examination demonstrated fluent speech, appropriate mood and affect, short and long term memory grossly intact and cranial nerves II to XII were within normal limits. Any evidence of significant neurological deficits was not specified in the records provided. Any evidence of prolonged interval of disturbed consciousness, or evidence of acute changes super-imposed on previous trauma or disease was not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. The records provided did not specify any objective evidence of abnormal neurological findings or red flags.The medical necessity of the request for 3T MRI of the brain with DTI and fMRI is not fully established in this patient. Therefore, the request is not medically necessary.

Physical therapy twice a week for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: Physical therapy twice a week for eight weeks. Physical therapy twice a week for eight weeks for cervical and lumbar spine. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". Patient has received an unspecified number of PT visits for this injury previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient.There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy twice a week for eight weeks is not fully established for this patient. Therefore, the request is not medically necessary.