

Case Number:	CM15-0040587		
Date Assigned:	03/10/2015	Date of Injury:	12/19/2014
Decision Date:	04/23/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 74-year-old male, who sustained an industrial injury on December 19, 2014. He has reported headaches and neck pain. Diagnoses have included scalp contusion, headache, and neck strain/sprain. Treatment to date has included medications, physical therapy and exercise. The past surgery history is significant for craniotomy for post injury chronic subdural hematoma followed by rehabilitation. A progress note dated January 29, 2015 indicates a chief complaint of neck and head pain. The treating physician documented a plan of care that included a magnetic resonance imaging of the brain, neurologist referral and continued physical therapy. The medical record noted that the physical therapy was helping the injured worker's neck pain but not the headaches. There are associated complaints of memory loss, dizziness and vision changes. A Utilization Review determination was rendered recommending non certification for MRI of the brain with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter.

Decision rationale: The CA MTUS did not address the utilization of MRI for evaluation of disorders of the brain. The ODG guidelines recommend that MRI can be utilized for evaluation of neurological deficits and loss of consciousness if CT of the head is inconclusive. The records did not show that CT of the head was inconclusive in the diagnoses of the continuing headache and neurological symptoms. The patient was referred to a Neurologist for Neurological evaluation of the ongoing post craniotomy symptoms. The Neurologist will do comprehensive evaluation and investigation that will include MRI or CT is applicable. The criteria for MRI of the brain were not met making the requested treatment not medically necessary.