

Case Number:	CM15-0058617		
Date Assigned:	04/03/2015	Date of Injury:	09/27/2011
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 43 year old male, who sustained an industrial injury on 09/27/2011. The initial complaints or symptoms included face/head trauma due to blunt force blow. The injured worker was diagnosed as having fractured nose, which was surgically corrected, post-traumatic stress disorder and depression. Treatment to date has included conservative care, medications, psychotherapy treatments, and surgery. Currently, the injured worker complains of dizziness with loss of balance, tinnitus, irritability/short fuse, decreased concentration. The diagnoses include closed head injury with concussion, post-traumatic stress disorder and depression secondary to closed head trauma, and labyrinthine dysfunction secondary to head trauma. The treatment plan consisted of MRI of the brain without contrast and video post-urography to look for evidence of specific central or peripheral injury to the balance system.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain without contrast, video posturography to look for evidence of specific central or peripheral injury to the balance system: 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 - MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated June 4, 2013), MRI (Magnetic Resonance Imaging) and Other Medical Treatment Guidelines <http://emedicine.medscape.com/article/1161518-workup#a0720>.

Decision rationale: MTUS guidelines are silent regarding the indication of MRI in case of suspicion of brain disease. According to ODG guidelines, MRI is indicated to determine neurological deficit not explained by CT scan, to evaluate prolonged interval of disturbed consciousness and to define evidence of acute changes superimposed to previous trauma or disease. There is no documentation of accurate deficits or focal neurological signs suggestive of brain disease. Therefore, the request for MRI of the brain without contrast, video posturography to look for evidence of specific central or peripheral injury to the balance system is not medically necessary.