

Case Number:	CM15-0062109		
Date Assigned:	04/08/2015	Date of Injury:	12/06/2013
Decision Date:	05/07/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/01/2015

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 28 year old male, who sustained an industrial injury on December 6, 2013. He has reported headache, blurred vision, double vision, dizziness, and loss of coordination. Diagnoses have included concussion, headache, and unspecified sleep disturbances. Treatment to date has included medications and imaging studies. A progress note dated March 24, 2015 indicates a chief complaint that was noted as the injured worker feeling nothing new surgically. The treating physician documented a plan of care that included a magnetic resonance imaging with arthrogram of the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient brain MRI with arthrogram: 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), MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, MRI (magnetic resonance imaging), page 212.

Decision rationale: Indications for MRI of the brain may be performed to determine neurological deficits not explained by CT, evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super-imposed on previous traumatic disease, not demonstrated here. The patient has history of chronic headaches and unspecified sleep disturbances without any acute change in symptoms, progressive clinical findings with neurological deficits identified to support for this imaging study outside the guidelines criteria. The Outpatient brain MRI with arthrogram is not medically necessary and appropriate.