

Case Number:	CM14-0122588		
Date Assigned:	08/06/2014	Date of Injury:	11/19/2010
Decision Date:	10/09/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old male who reported an injury on 11/19/2010 due to being a heavy equipment operator. The accident happened while pulling down concrete from a recycling pile using an excavator. No one witnessed the incident, but they found him unconscious on the ground. The injured worker has reported a hearing impairment for the last 4 to 5 years, and intermittent ringing in his ears for the same period. Diagnoses were degeneration of cervical intervertebral disc, post concussion syndrome, tension type headache (unspecified), and sprain of lumbar. Past treatments were medications, physical therapy, and home exercise program. Diagnostic studies were MRI on 01/27/2011, a CT scan on 01/30/2011, and another MRI of the head on 06/30/2011. MRI dated 01/27/2011 revealed no evidence of acute intracranial hemorrhage or infarction. Diagnosis was sinus disease. CT of the brain was basically negative. MRI dated 06/30/2011 revealed negative except for sinus disease. Surgical history was not reported. Physical examination on 03/24/2014 revealed complaints of tension type headache, pain in the low back and bilateral shoulders, and neck pain. The injured worker also complained of lower extremity weakness, stiffness of the low back, spasms of the low back were noted. The injured worker is taking medications for seizures. The seizures started after his injury. The injured worker has only attended 3 sessions of physical therapy since his initial injury. Examination revealed recent memory impaired and remote memory impaired. Deep tendon reflexes of the lower extremities were 2+ and Babinski reflex was negative. His re-examination to light touch and pinprick were intact throughout. Treatment plan was to request neuro psych evaluation, MRI of the brain, and physical therapy. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI head s/p TBI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, MRI, (Magnetic Resonance Imaging)

Decision rationale: The Official Disability Guidelines for MRI of the head state that it is recommended. Magnetic resonance imaging (MRI) is a well established brain imaging study in which the individual is positioned in a magnetic field and a radiofrequency pulse is applied. Hydrogen proton energy emission is translated into visualized structures. Normal tissues give off 1 signal, while abnormal structures give off a different signal. Due to its high contrast resolution, MRI scans are superior to CT scans for the detection of some intracranial pathology, except for bone injuries such as fractures. Indications for magnetic resonance imaging are to determine neurological deficits not explained by CT scan, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes superimposed on previous trauma or disease. The injured worker had 2 MRI scans of the head in 2011 that were normal except for the diagnosis of sinusitis. The injured worker also had a CT scan that was normal in 2011. There were no deficits on the physical examination on 03/24/2014. The injured worker reported no new signs or symptoms. There were no significant findings to support the request of an MRI to the head. Therefore, MRI head s/p TBI is not medically necessary.