

Case Number:	CM14-0163240		
Date Assigned:	10/08/2014	Date of Injury:	11/07/2005
Decision Date:	11/04/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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 in Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This patient sustained an injury on 11/7/05 while employed by [REDACTED]. Request(s) under consideration include MRI of the brain with Contrast. Diagnoses include hypertension, cephalgia, and blurry vision. Somewhat illegible report of 8/25/14 from the internal medicine provider noted patient with left ear tinnitus with blurry vision. Exam showed blood pressure of 118/88 with pulse of 81; neurological exam of the head, eyes, ear, nose, throat exam were all within normal limits. Medications list Lisinopril (for HTN). There was no documented history of prior head/brain surgeries. Conservative care has included medication, therapy, and modified activities/rest. The request(s) for MRI of the brain with Contrast was non-certified on 9/12/14 citing guidelines criteria and lack of medical necessity.

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 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, page 212

Decision rationale: Record review indicates an MRI of the Brain was performed on 9/11/14 for indication of headache. Impression had Unremarkable brain MRI; No mass occupying lesion seen; No hydrocephalus or vascular malformation identified. There was mention of internal medicine AME deeming patient to be P&S for complaints of headaches. Per ODG, MRI is more sensitive than CT for detecting traumatic cerebral injury; however, is not recommended in patients who sustained a concussion/mild traumatic brain injury beyond the emergency phase of 72 hours post-injury except for conditions of red flags or deterioration. 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 superimposed on previous traumatic disease, not demonstrated here. The patient has history of chronic headaches and cephalgia without any acute change in symptoms, progressive clinical findings with neurological deficits identified to support for this imaging study outside the guidelines criteria. The MRI of the brain with Contrast is not medically necessary and appropriate.