

<b>Case Number:</b>	CM14-0168212		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	02/10/2011
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine, 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 58-year-old female with a date of injury of 02/10/2011. The listed diagnoses per [REDACTED] are: 1. Migraine headache disorder. 2. Posttraumatic headaches. 3. History of orthopedic injuries including injuries to her shoulder, neck, and back, deferred to [REDACTED]. According to progress report 03/15/2014, the patient continued headaches following her fall on 02/10/2011. It was noted the patient has had headaches prior to her accident, and she was placed on Depakote. Now, her headaches occur 3 times a week which starts in the morning and are bi-occipital, throbbing and aching in nature. The pain fluctuates from a 2/10 to 7/10 in severity and can last about 2 hours. Neurological examination revealed "mini-mental status examination score of 30/30. The cranial nerves I-XII are within normal limits except for the following: She has very little to no hearing in the left ear, she has moderately loud voice, she has decreased auditory acuity in the right ear." Review of the records indicates the patient suffered from a severe fever when she was 3 or 4 YO and subsequently lost her hearing, mainly the left ear. This is a request for MRI of the brain. Treatment reports from 03/11/2014 through 10/01/2014 were reviewed

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Brain:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Indications for magnetic resonance.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Head chapter, MRI

**Decision rationale:** This patient presents with headaches. The treater is requesting MRI of the brain. Utilization review from 09/24/2014 discussed requests for medications. There is no request for MRI of the brain. ODG Guidelines under its Head Chapter has the following regarding MRI, recommended as indicated below. Indications for resonance imaging, to determine neurological deficits, not explained on CT scan, evaluated prolonged interval of disturbed consciousness or to define evidence of acute change superimposed on previous trauma or disease. The medical file provided for review does not indicate that the patient has had MRI of the head. This patient has continued headaches that occur on average 3 times a week with associated "nausea and vomiting and photophobia and phonophobia." Given the patient's continued complaints of headaches with reported lightheadedness, an MRI of the head for further investigation is reasonable. The request is medically necessary.