

<b>Case Number:</b>	CM14-0040621		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 and is licensed to practice in Illinois. 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 43-year-old male who reported an injury after a metal extendable component from a conveyor fell and struck him on the head on 06/25/2010. The clinical note dated 05/07/2014 indicated diagnoses of headaches, cervical spine pain, and small right periventricular cavernous malformation. The injured worker reported headaches; however, he reported Fioricet was helping a little. He reported shoulder pain, left greater than right, and cervical spine pain. He also reported being forgetful. On physical examination, the injured worker had mallampati 1, but large tonsils, a thick neck and a markedly increased jaw jerking. The unofficial MRI of the brain dated 02/20/2014 revealed a right side small cavernous malformation. The injured worker's prior treatments included diagnostic imaging, chiropractic therapy, and medication management. The injured worker's medication regimen included Fioricet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the brain with contrast:** 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 (trauma, headaches, etc., not including stress & mental disorders).

**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.

**Decision rationale:** The Official Disability Guidelines (ODG) states Neuro-imaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. The guidelines also state MRI of the brain are indicated to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness and to define evidence of acute changes super-imposed on previous trauma or disease. The injured worker had an MRI of the brain on 04/20/2014 that revealed a right side small cavernous malformation. The documentation submitted did not indicate any new neurological deficits. In addition, the provider did not indicate a rationale for the request. Furthermore, there is a lack of evidence of the injured worker's condition deteriorating or red flags to warrant a repeat MRI. Therefore, the request for an MRI of the brain with contrast not medically necessary.

**Magnetic Resonance Imaging (MRI) of the brain without contrast:** 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 (trauma, headaches, etc., not including stress & mental disorders).

**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.

**Decision rationale:** The Official Disability Guidelines (ODG) states Neuro-imaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. The guidelines also state MRI of the brain are indicated to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness and to define evidence of acute changes super-imposed on previous trauma or disease. The injured worker had an MRI of the brain on 04/20/2014 that revealed a right side small cavernous malformation. The documentation submitted did not indicate any new neurological deficits. In addition, the provider did not indicate a rationale for the request. Furthermore, there is a lack of evidence of the injured worker's condition deteriorating or red flags to warrant a repeat MRI. Therefore, the request for an MRI of the brain without contrast is not medically necessary.