

Case Number:	CM14-0211260		
Date Assigned:	12/24/2014	Date of Injury:	07/20/2014
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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, Pain Management

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 is a patient with a date of injury of July 20, 2014. A utilization review determination dated November 21, 2014 recommends noncertification for an MRI of the brain. Noncertification is recommended due to lack of documentation of a history of head trauma, no objective findings of neurologic dysfunction, and no additional information to support the medical necessity of a brain MRI. A report dated October 8, 2014 identifies subjective complaints of left thumb pain, chest pressure, abdominal pain, dizziness, nausea, depression, anxiety, and loss of sexual desire. The mechanism of injury was puncturing his left thumb with a hypodermic needle. The patient has noted development of chest pressure, headaches, dizziness, nausea, abdominal pain, and fatigue which "he attributes to the medications prescribed." Physical examination reveals normal ocular exam, no bruits in the neck, regular cardiac rate, and normal neurologic examination. Diagnoses include abdominal pain, acid reflux, chest pain, cephalgia, sleep disorder, and psychiatric diagnoses. The treatment plan states "due to the patient's complaints of headaches, I have ordered an MRI of the brain, and a carotid ultrasound for further evaluation."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, CT (computed tomography) and MRI (magnetic resonance imaging)

Decision rationale: Regarding the request for MRI of the brain, California MTUS does not address the issue. ODG cites that CT is indicated for focal neurologic deficits and MRI is indicated to determine neurological deficits not explained by CT. Within the documentation available for review, there is no documentation of neurologic deficits. Additionally, the patient attributes his headache complaints to side effects from the prescribed medications. Finally, there is no documentation of head trauma, or any other injury for which changes on brain imaging would be expected. In light of the above issues, the currently requested MRI of the brain is not medically necessary.