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| Case Number: | CM14-0213386 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 06/25/2012 |
| Decision Date: | 02/24/2015 | UR Denial Date: | 12/10/2014 |
| Priority: | Standard | Application Received: | 12/19/2014 |

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: Preventive Medicine, Occupational Medicine

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 72-year-old female with a 6/25/12 date of injury, when she hit the left side of her forehead on the display. The panel neurologic qualified medical evaluation progress note dated 4/19/13 stated that there was 0 percent neurologic impairment regarding the work exposure during the day of the injury. The patient was seen on 11/20/14 for the follow up visit. The progress report indicated that the patient was scheduled for an AME on 12/02/14, and the neurology and dermatology evaluations were pending. Exam findings revealed blood pressure 170/90, pulse 60, and respirations 20. The diagnosis is mild closed head injury without permanent neurologic impairment, severe fatigue, possible underlying psychiatric condition, and persistent and severely elevated blood pressure. Treatment to date: work restrictions and medications. An adverse determination was received on 12/10/14 given that the neurology report dated 4/19/13 showed no neurological deficits and there were no clear clinical and scientific reasons for the MRI.

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 (ODG) Head Chapter

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, MRI.

Decision rationale: CA MTUS does not address this issue. ODG indications for brain MRI include to determine neurological deficits not explained by CT; to evaluate prolonged interval of disturbed consciousness; or to define evidence of acute changes super-imposed on previous trauma or disease. The patient's injury was over 2 years ago, however there is a lack of documentation indicating that the patient suffered from prolonged neurological deficits or loss of consciousness. In addition, the CT scan of the brain was not available for the review. Additionally, there is a lack of recent progress reports from the requesting physician indicating any subjective or objective neurological complaints. Lastly, there is no clear rationale with regards to the necessity for brain MRI for this patient. Therefore, the request for MRI of the brain was not medically necessary.