MAXIMUS Federal Services

Case Number:	CM14-0094373		
Date Assigned:	09/22/2014	Date of Injury:	10/06/2010
Decision Date:	05/07/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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, Public Health & General Preventive 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:

The injured worker is a 41-year-old female who reported an injury on 10/06/2010. The mechanism of injury involved repetitive activity. The current diagnoses include cephalgia with dizziness, left hemihypoesthesia, left arm reflux sympathetic dystrophy, left TMJ pain, left shoulder pain, left elbow pain, bilateral wrist pain, right hand pain, emotional distress, sleep disturbance, cognitive impairment, sexual dysfunction and weight gain. The injured worker presented on 01/23/2014 for an evaluation with complaints of ongoing headaches located in the left frontal region of the head. The injured worker also reported dizziness, vertigo and tinnitus. The injured worker had been utilizing Neurontin 300 mg and Norco with slight benefit. Neurological examination was within normal limits with the exception of decreased attention span, decreased corneal reflex on the left, and mild left ear hypoacusia. The injured worker had left hemihypoesthesia mainly at the left torso region with decreased sensation at the bilateral outer thigh and dorsum of the feet. Recommendations at that time included a brain or spinal MRI. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of brain tesla 3.0 anatomical rating: 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), Treatment in Workers Compensation (TWC), 18th Edition, 2013 updates, 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 (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines recommend an MRI of the brain to determination neurological deficits unexplained by a CT scan, to evaluate prolonged intervals of disturbed consciousness, or to define evidence of acute changes superimposed on previous trauma or disease. In this case, there was no documentation of neurological deficits unexplained by a previous CT scan nor evidence of prolonged intervals of disturbed consciousness. The injured worker has cognitive deficits with reportedly strong psychological components. A psychological evaluation has been ordered, however, there was no report sent for review. The request for an MRI of the brain is not medically necessary in this case.