MAXIMUS Federal Services

Case Number:	CM15-0010511		
Date Assigned:	01/28/2015	Date of Injury:	03/21/2011
Decision Date:	03/20/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/19/2015

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

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 34 year old male patient, who sustained an industrial injury on 03/21/2011. A neurology consultation performed on 01/05/2015 described the reason for consultation as balance difficulty, status post head injury,parasthesias in the arms, legs and numbness in the feet,low back pain, neck pain, tempromandibular joint dysfunction and discomfort. He is currently prescribed; Relafen, Pantoprazole, Protonix, Cynovacin, Glucosamine, Capsaicin cream, Gabapentin, Seroquel, and Tramadol ER. The impression showed a history of fall with closed head injury; posttraumatic headache resolved; neck pain and low back pain with lumbar spondylosis and a history of depression/anxiety. Recommendations were to obtain a magnetic resonance imaging of brain, may consider nerve conduction to all extremtiies and check a Thiamine level, B12. On 01/13/2015 Utilization Review non-certified a request for a magnetic resonance image of brain, noting the Official Disability Guidelines, Head, Magnetic imaging was cited. The injured worker submitted an application for independent review or requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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 head chapter, MRI

Decision rationale: This patient is status post closed head injury and presents with headaches. The current request is for 1 MRI of the brain. The Utilization review denied the request stating that there was no red flags of acute changes for trauma or disease along with a lack of submitted CT Scan. ODG Guidelines under its head chapter, MRI, states this is a well-established brain imaging study and it is indicated as follows: Explain neurological deficit not explained by CT, to evaluate prolonged interval of disturbed consciousness to determine evidence of acute changes superimposed on previous trauma or disease. MRI is more sensitive than CT for detecting traumatic cerebral injury. The records do not discuss any previous MRI or CT scan of the brain. The treating physician does not discuss the rationale behind the request. This patient has a date of injury of 2011 with chronic complaints of low back pain with intermittent complaints of dizziness. No other neurological findings were noted on the report. In this case, the patient does not meet the requirements set by ODG for an MRI of the brain. The request IS NOT medically necessary.