

Case Number:	CM15-0011215		
Date Assigned:	01/28/2015	Date of Injury:	04/10/2012
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/20/2015

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: Florida

Certification(s)/Specialty: Neurology, 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:

The injured worker is a 47 year old male, who sustained an industrial injury on 4/10/12. He has reported head and neck pain after falling down stairs. He reported loss of consciousness at the time of the injury. The diagnoses have included posttraumatic headaches, cervical spine herniated nucleus pulposus and post concussive syndrome. Treatment to date has included acupuncture, CT of brain, physical therapy and oral medications. As of the progress note dated 12/18/14, the injured worker reported continued trouble with short-term memory and concentration. The physician noted that the injured worker's speech was hesitant and a tremor was present. The treating physician requested an MRI of the brain. On 1/6/15 Utilization Review non-certified a request for an MRI of the brain. The utilization review physician cited the ODG guidelines for MRI. On 1/20/15, the injured worker submitted an application for IMR for review of an MRI of the brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain: Overturned

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, Online Edition, Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG head, MRI

Decision rationale: ODG supports that Neuroimaging 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. There is reported neurologic abnormality of lapses in memory for which MRI brain would be supported as this represents a deterioration of condition. The requested MRI for the brain is medically necessary.