

<b>Case Number:</b>	CM15-0121405		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 (IW) is a 47 year old male who sustained an industrial injury on 06/30/2014. He reported an accident with a nail gun in which an 8cm nail penetrated the skull and brain through the right temporal fossa with the nail entering the right frontal lobe for 5cm. The injured worker was diagnosed as having craniotomy elevate skull fracture; laterally right. Treatment to date has included surgery and neurologic monitoring. Currently, the injured worker is seen in a 6 month post-op follow-up wound check status post right infrazygomatic/infratemporal fossa approach and right pterional incision for retrieval in intracranial/ extracranial nail. He reports no headaches, new weakness, numbness, convulsive movements, vision changes, imbalance, fever, chills, nausea, or vomiting. An MRI with and without gadolinium (02/03/2015) noted hydrocephalus with dilation of the lateral and third ventricles with normal size fourth ventricles. His neurologic exam was positive for numbness and tingling. He still complained of headaches and has high blood pressure. The plan is for a follow-up brain MRI for incidental finding of hydrocephalus/aqueductal stenosis and evaluation. The IW is sent to the ED for management of his high blood pressure(03/13/2015). A request for authorization is made for the following: Retrospective magnetic resonance imaging (MRI) of the brain (DOS: 03/18/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective magnetic resonance imaging (MRI) of the brain (DOS: 03/18/2015):**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Neurology.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, MRI (magnetic resonance imaging), page 212.

**Decision rationale:** Per ODG, MRI is more sensitive than CT for detecting traumatic cerebral injury; however, is not recommended in patients who sustained a concussion/mild traumatic brain injury beyond the emergency phase of 72 hours post-injury except for conditions of red flags or deterioration. Indications for MRI of the brain may be performed to determine neurological deficits not explained by CT, evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super-imposed on previous traumatic disease, as demonstrated here. The patient has history of an accident with a nail gun in which an 8cm nail penetrated the skull and brain through the right temporal fossa with the nail entering the right frontal lobe for 5cm s/p craniotomy elevate skull fracture; laterally right with right infrazygomatic/infratemporal fossa approach and right pterional incision for retrieval in intracranial/ extracranial nail and neurologic monitoring. An MRI with and without gadolinium (02/03/2015) noted hydrocephalus with dilation of the lateral and third ventricles with normal size fourth ventricles. His neurologic exam was positive for numbness and tingling. He still complained of headaches and has high blood pressure and was sent to the Emergency Department for evaluation with repeated MRI of the brain. As the patient had acute change in symptoms with progressive clinical findings of neurological deficits identified, the imaging study was supported meeting guidelines criteria. The Retrospective magnetic resonance imaging (MRI) of the brain (DOS: 03/18/2015) is medically necessary and appropriate.