

Case Number:	CM15-0129773		
Date Assigned:	07/16/2015	Date of Injury:	04/15/2015
Decision Date:	08/12/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 62 year old man sustained an industrial injury on 4/15/2015.the mechanism of injury is not detailed. Diagnoses include cervical spine sprain, contusion of right elbow, status post motor vehicle accident, right ankle sprain, shoulder strain, lumbar spine strain, headache, epistaxis, and cervical spine radiculopathy. Treatment has included oral medications. Physician notes dated 5/20/2015 show complaints of severe headaches. The worker is noted have returned for follow up sooner than scheduled due to a very bad headache with associated epistaxis as well as upper extremity radicular symptoms. Recommendations include cervical spine MRI and head MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the head: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), MRI (magnetic resonance imaging).

Decision rationale: The claimant sustained a work-related injury in April 2015 as the result of a rear end motor vehicle accident. When seen, he was having pain without the spine and neck pain was radiating to the upper extremities. He was having occasional nose bleeding and dizziness. A CT scan of the brain when seen in the Emergency Room had been negative. There was a normal neurological examination including gait, Romberg testing, and mental status. Indications for obtaining an MRI of the brain are to evaluate 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. In this case, there are no reported neurological deficits. Obtaining an MRI of the brain was not medically necessary.