

Case Number:	CM15-0172391		
Date Assigned:	09/18/2015	Date of Injury:	11/22/2014
Decision Date:	10/20/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on November 22, 2014. She reported headache, neck pain, right ankle and knee pain, right shoulder pain and back pain with associated dizziness. The injured worker was diagnosed as having post concussive syndrome with headache and gait and balance disturbance, right shoulder contusion, history of fall, concussion, traumatic brain injury with loss of consciousness, pain in the lower leg joint, pain in the ankle, pain in the foot, sprains and strains of the lumbar region, central origin vertigo and long term use of medications. Treatment to date has included diagnostic studies, radiographic imaging, multiple brain scans, psychotherapy, medications and work restrictions. Currently, the injured worker continues to report headache, double vision, neck pain, right ankle and knee pain, right shoulder pain with right upper extremity tingling and numbness, back pain and associated constant dizziness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on July 13, 2015, revealed continued pain as noted. It was noted computed tomography of the head and computed tomography angiography of the neck and head on May 3, 2015, revealed negative findings. Magnetic resonance imaging (MRI) of the brain on November 24, 2014, noted opacification of the frontal sinus. The pain was rated as mild to moderate. Evaluation on July 15, 2015, revealed continued pain as noted. It was noted her headache was daily and her dizziness was constant. She reported walking with a walker for stability. She noted almost falling backward every time she shuts her eyes. The RFA included requests for MRI brain without contrast and was non-certified on the utilization review (UR) on August 6, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI brain without contrast: 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 Official Disability Guidelines (ODG) Head chapter and pg 26.

Decision rationale: In this case, the claimant had persistent headaches, blurry vision and dizziness. The CT of the brain with angiography did not reveal abnormalities. The claimant saw a neurologist who also recommended an MRI due to antalgic gait and rule out cerebellar pathology. The request for the MRI of the brain is medically necessary and appropriate.