

<b>Case Number:</b>	CM15-0173273		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 63 year old female, who sustained an industrial injury on January 6, 2012. She reported head pain, broken nose and broken jaw. The injured worker was diagnosed as having fracture and deformed nose by history, with slightly decreased airways through the nose with noted previous nasal surgery at age 25, traumatic cephalgia with mild contraction headache versus frontal sinus headache, mild cognitive difficulties by history with significant anxiety reaction and subtle depression and irritability, question of status post cerebral concussion syndrome, vertigo, epistaxis, intermittent tinnitus of the left ear, cervical strain, left temporomandibular joint dysfunction and chipping of several teeth. Treatment to date has included diagnostic studies, psychotherapy, sleep studies, medications and work restrictions. Currently, the injured worker continues to report difficulty breathing through the nose, severe nasal pain, bilateral ear ringing, headaches, insomnia, depression and sleep disruptions. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was without complete resolution of the pain. Split sleep study on February 28, 2015, reported mild sleep apnea syndrome. Evaluation on April 17, 2015, revealed continued pain as noted. Evaluation on July 28, 2015, revealed continued headaches. It was noted she required Vicodin three times daily secondary to headaches. It was noted she failed Lyrica and Neurontin. Medications were continued and an MRI of the brain was recommended. The RFA included requests for MRI (magnetic resonance imaging), Brain and was non-certified on the utilization review (UR) on August 8, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging), 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: Head (Trauma, Headaches, etc - not including Stress & Mental Disorders) - MRI (magnetic resonance imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) brain, 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 symptoms but no demonstrated objective abnormality by reported physical examination. There is no indication of suspicion of cancer or infection. In the absence of such findings the medical records provided for review do not support MRI of brain congruent with ODG guidelines. The request is not medically necessary.