

Case Number:	CM15-0026202		
Date Assigned:	02/18/2015	Date of Injury:	11/05/2011
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 52 year old female who sustained a work related injury on November 5, 2011, where she slipped and fell on a wet floor striking her chest and head. Treatment included physical therapy, chiropractic sessions, massage therapy, acupuncture, home exercise program and oral medications. The injured worker was diagnosed with concussion, headache, headache tension, and tremors. She continued to have headaches and neck pain. She was diagnosed with rheumatoid arthritis three years later with new medication changes. Currently, the injured worker complained of chronic neck pain and headache. On February 4, 2015, a request for a Magnetic Resonance Imaging (MRI) was non-certified by Utilization Review, noting the American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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 (ODG), MRI, www.odg-twc.com/odgtwc/head.htm.

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

Decision rationale: Magnetic Resonance Imaging (MRI) is a well-established brain imaging study in which the individual is positioned in a magnetic field and a radio-frequency pulse is applied. Hydrogen proton energy emission is translated into visualized structures. Normal tissues give off one signal, while abnormal structures give off a different signal. Due to its high contrast resolution, MRI scans are superior to CT scans for the detection of some intracranial pathology, except for bone injuries such as fractures. MRI may reveal an increased amount of pathology as compared with CT. 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. Indications for magnetic resonance imaging are as follow:-To determine neurological deficits not explained by CT-To evaluate prolonged interval of disturbed consciousness-To define evidence of acute changes super-imposed on previous trauma or disease. In this case there is no documentation that the patient has neurological deficits, evidence of acute changes or prolonged interval of disturbed consciousness. Medical necessity has not been established. The request should not be authorized.