

Case Number:	CM15-0069699		
Date Assigned:	04/17/2015	Date of Injury:	09/24/2013
Decision Date:	05/20/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 46-year-old who has filed a claim for chronic neck pain, posttraumatic headaches, psychological stress, depression, and anxiety reportedly associated with an industrial injury of September 24, 2013. In a utilization review report dated March 10, 2015, the claims administrator failed to approve a request for repeat MRI imaging of the brain. A progress note of January 15, 2015 and December 2, 2014 were referenced in the determination. Overall commentary was sparse. The applicant's attorney subsequently appealed. On February 19, 2015, the applicant reported ongoing complaints of headaches and depression, 7/10. The applicant was described as having mood impairment, unsteadiness of gait, and severe depression. The applicant was on Paxil and Ambien. The applicant's motor and sensory function were described as intact. The applicant was placed off of work, on total temporary disability. The attending provider noted that the applicant had had earlier MRI imaging of the brain of January 31, 2014, which was reportedly negative. A repeat MRI study was endorsed on the grounds that the applicant had issues with worsening dizziness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the brain without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Amended 2014 (Resolution 39)*ACR-ASNR-SPR PRACTICE PARAMETER FOR THE PERFORMANCE AND INTERPRETATION OF MAGNETIC RESONANCE IMAGING (MRI) OF THE BRAIN⁷. Trauma [35-38]. a. Certain benefits over computed tomography (CT), such as detection of diffuse axonal injury. b. Post-traumatic brain injury. c. Non-accidental trauma.

Decision rationale: Yes, the request for MRI imaging of the brain without contrast was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the American College of Radiology (ACR) notes that one of the indications for MRI imaging of the brain is posttraumatic brain injury. Here, the attending provider seemingly suggested that the applicant had developed worsening and/or new-onset issues with dizziness and gait imbalance appreciated on the office visit of February 19, 2015, on which the MRI in question was proposed. MRI imaging was indicated to further evaluate the source of the same. Therefore, the request was medically necessary.