

<b>Case Number:</b>	CM15-0071678		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: California

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 45 year old male, who sustained an industrial injury on 6/12/2013. He reported injury of the head, neck, right knee, and wrists, after falling. The injured worker was diagnosed as having cervical disc herniation without myelopathy, right knee tear of medial meniscus, carpal tunnel syndrome, tendinitis/bursitis of the hands/wrists, and concussion with short loss of consciousness. Treatment to date has included medications, x-rays, wrist surgery, and magnetic resonance imaging. The request is for a 3D magnetic resonance imaging of the head. On 2/2/2015, he complained of headaches, neck pain, chest tightness, right knee pain, and pain of bilateral wrists and hands. The treatment plan included: orthopedic surgeon consultation, 3D magnetic resonance imaging of the head and bilateral wrists, and medications: topical compounds, and Tylenol #3. The records indicate he did not fully recuperate after bilateral wrist surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3D MRI of the Head:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Integrated treatment disability duration guidelines. 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) Head, MRI(Magnetic Resonance Imaging).

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, MRI of brain is recommended under certain criteria. 1) Determine neurological deficits not explained by CT; 2) evaluate prolonged interval of disturbance in consciousness and 3) define evidence of acute changes superimposed on prior trauma. Patient does not meet these criteria. Patient has complaints of headaches since head injury 2 years prior. There is no noted change in exam. There is no exam that is consistent with upper motor neuron or central brain pathology. Provider has also not provided a basic CT scan of the brain prior to request for MRI. MRI of brain is not medically necessary.