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| Case Number: | CM15-0073222 | | |
| Date Assigned: | 04/23/2015 | Date of Injury: | 02/26/2013 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/02/2015 |
| Priority: | Standard | Application Received: | 04/17/2015 |

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 49 year old female who sustained an industrial injury on 02/26/2013 when she had a seizure and fell backwards hitting her head. The injured worker was diagnosed with seizures, cervical sprain/strain, and recurrent dislocation of the right shoulder, anxiety, depression and sleep disturbance. Treatment to date includes diagnostic testing, current brain magnetic resonance imaging (MRI) on March 13, 2015, shoulder surgery, physical therapy, sleep studies, cognitive rehab program and medications. The injured worker is status post arthroscopic hemiarthroplasty of the right shoulder. According to the primary treating physician's progress report on March 13, 2015, the injured worker presented with complaints of concentration difficulties, forgetfulness, difficulty sleeping and confusion at times which were similar to the previous visit. The injured worker also reports unilateral headaches and some blurred vision. Seizures are well controlled with myoclonic episodes improving with medications. Current medications are listed as Onfi, Vimpat, Lamictal, Prozac and Lorazepam. Treatment plan consists of addressing issues of neurocognitive behavior, psychotherapy, and CPAP trial; maintain current medication regimen and the current request for brain magnetic resonance imaging (MRI).

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - head, MRI of brain.

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 subjective neurologic abnormality of concentration difficulties, but the medical records do not support any objective neurologic examination abnormalities or demonstrate any change in neurologic status in support of MRI of the brain at this time. As such the medical records do not support MRI of the brain, congruent with ODG guidelines. The request is not medically necessary.