MAXIMUS Federal Services

Case Number:	CM15-0077578		
Date Assigned:	04/29/2015	Date of Injury:	05/13/2013
Decision Date:	06/08/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/23/2015

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
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 38 year old male, who sustained an industrial/work injury on 5/13/13. He reported initial complaints of chest pain with crushing injury to chest. The injured worker was diagnosed as having head trauma with coma/ cognitive impairment, fracture of proximal thoracic spine (T4), s/p stabilization with basket application, right clavicle fracture, pneumothorax, pulmonary contusion, rib fractures, and migraine. Treatment to date has included medication, thoracic surgery, and functional restoration program. X-Rays results were reported on 3/24/14. Currently, the injured worker complains of vestibular dysfunction to include dizziness while in a sitting position accompanied by nausea and pulsating headache at the right temporal area and forehead. Per the primary physician's progress report (PR-2) on 3/25/15, examination revealed equivocal dysdiadochokenasia, normal tympanic membranes and unremarkable cranial nerve exam. There was a mild rotatory scoliosis without subluxation or fracture. Diagnosis included knee, leg, and back sprain, migraines, and adverse effect of opiates. The requested treatments include MRI Coned Down views both vestibular apparatus, rule out superior semicircular canal leakage or rupture, bilateral ribs, thoracic spine, right knee and ENT consultation, bilateral ribs, thoracic spine, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Coned Down views both vestibular apparatus, rule out superior semicircular canal leakage or rupture: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Section, Magnetic Resonance Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. 2011.

Decision rationale: The patient is a 38 year old male with an injury on 05/13/2013. He had a crushed chest injury, coma, cognitive impairment, pneumothorax, pulmonary contusion, fractured clavicle, rib fractures and headaches. He had repeat x-rays on 03/24/2014. He had vestibular dysfunction and dizziness. On 03/25/2015 cranial nerves were normal. Tympanic membranes were normal. Given his symptoms and the severity of the trauma, a MRI for coned down views of the vestibular apparatus to rule out semicircular canal leak or rupture is indicated and is medically necessary. The requested MRI is consistent with Goldman's Cecil Medicine 24th Edition, 2011 Chapter 403 Approach to the Patient with Neurologic Disease and Chapter 406 Head and Spinal Cord Injury.

ENT consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG Second Edition (2004), Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 IME and consultations page(s) 127.Other Medical Treatment Guideline or Medical Evidence: Maqbool M and Maqbool IS. Textbook of Ear, Nose and Throat Diseases, 11th Edition. 2007.

Decision rationale: The patient is a 38 year old male with an injury on 05/13/2013. He had a crushed chest injury, coma, cognitive impairment, pneumothorax, pulmonary contusion, fractured clavicle, rib fractures and headaches. He had repeat x-rays on 03/24/2014. He had vestibular dysfunction and dizziness. On 03/25/2015 cranial nerves were normal. Tympanic membranes were normal. An ENT consultation is medically necessary. The requested consultation is consistent with ACOEM guidelines for consultations and is within the field of ENT evaluation for dizziness.

MRI of the Bilateral Ribs: 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 Fishman AP, Editor in Chief. Fishman's Pulmonary diseases and Disorders, 4th Edition. 2008.

Decision rationale: The patient is a 38 year old male with an injury on 05/13/2013. He had a crushed chest injury, coma, cognitive impairment, pneumothorax, pulmonary contusion, fractured clavicle, rib fractures and headaches. He had repeat x-rays on 03/24/2014. He had vestibular dysfunction and dizziness. On 03/25/2015 cranial nerves were normal. Tympanic membranes were normal. There are no ACOEM guidelines for this area. However, the chest wall trauma was on 05/13/2013, two years ago, and rib fractures would have healed by the time of this request. He had repeat x-rays on 03/24/2014 and there is no indication for a MRI to evaluate this rib injury. Rib fracture healing is followed by x-rays. The requested MRI is not consistent with the standard of care for pulmonary contusion with rib fractures.

MRI of the Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188.

Decision rationale: The patient is a 38 year old male with an injury on 05/13/2013. He had a crushed chest injury, coma, cognitive impairment, pneumothorax, pulmonary contusion, fractured clavicle, rib fractures and headaches. He had repeat x-rays on 03/24/2014. He had vestibular dysfunction and dizziness. On 03/25/2015 cranial nerves were normal. Tympanic membranes were normal. There are no ACOEM guidelines for this area. However, the chest wall trauma was on 05/13/2013, two years ago, and rib fractures would have healed by the time of this request. He had repeat x-rays on 03/24/2014 and there is no indication for a MRI to evaluate this rib injury. Rib fracture healing is followed by x-rays. The requested MRI is not consistent with MTUS, ACOEM guidelines. There is no documentation of recent trauma or injury. There is no documentation of recent red flag signs. There is no documentation of progression of thoracic spine symptoms. The requested MRI is not medically necessary.

MRI of the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329 - 353.

Decision rationale: The patient is a 38 year old male with an injury on 05/13/2013. He had a crushed chest injury, coma, cognitive impairment, pneumothorax, pulmonary contusion, fractured clavicle, rib fractures and headaches. He had repeat x-rays on 03/24/2014. He had vestibular dysfunction and dizziness. On 03/25/2015 cranial nerves were normal. Tympanic

membranes were normal. There is no documentation of any recent red flag signs or failure of recent conservative therapy. There is no documentation of recent progression of knee symptoms. The requested MRI of the right knee is not consistent with ACOEM guidelines.