MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/23/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	7/1/2013
Date of Injury:	7/8/2012
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011283

Dear [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurologist has a subspecialty in Neuro-Oncology and is licensed to practice in California, Massachusetts, Ohio, and Texas 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47 year old female who reported an injury on 07/08/2012. Her diagnoses include myofascial pain, status post-blunt head trauma and concussion, and right occipital neuralgia. She has symptoms of occipital pain, headaches, radiating pain with numbness, tingling, and weakness, to her upper back, dizziness, vertigo, blurred vision, nausea, vomiting, memory problems, and ringing in her ears. Objective findings include tenderness over the occipital region and of the posterior cervical and bilateral trapezial muscles, and decreased cervical range of motion.

IMR DECISION(S) AND RATIONALE(S)

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

1. MRI of the brain is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Head, MRI (magnetic resonance imaging), which is not part of the MTUS.

The Physician Reviewer's decision rationale: The Official Disability Guidelines recommended MRI to determine neurological deficits not explained by a CT scan, to evaluate prolonged interval of disturbed consciousness, or to define evidence of acute changes super-imposed on previous trauma or disease. The employee had a neurological exam on 07/01/2013 and the objective findings were noted as difficulty with short-term memory and immediate recall, measured as the employee was able to recall 2 of 3 objects in 5 minutes, their cranial nerves were normal, with normal motor strength, was unable to perform tandem gait, and reflexes and

sensation were normal. The medical records provided for review notes that the employee had neurological symptoms; however, it was not noted that they previously had a CT scan. Additionally, the employee was not noted to have prolonged disturbed consciousness. The request for MRI of the brain is not medically necessary and appropriate.

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[redacted]

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