

<b>Case Number:</b>	CM14-0007691		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 female who sustained an industrial injury on 11-27-13. She was struck in the face, across the bridge of her nose, by a large inanimate object as she was performing her job duties. Her initial complaint was that her "nose was displaced" and reported that she had to "straighten it with her hand". Her initial symptoms were seeing "flashing lights and floaters" on the day of injury. She did not lose consciousness. She reports that the skin surrounding both eyes became darkened. She denied having a "bloody nose". However, her nose became inflamed and she developed a headache that radiated from her nose to the back of her head. She was seen by medical personnel on 12-6-13 and a facial x-ray was completed. She was placed on an anti-inflammatory medication. Initial diagnosis was facial contusion with possible nasal fracture. She returned for follow-up on 12-10-13. Diagnoses were amended to contusion of face, scalp, and neck except eyes. On the 12-13-13 follow-up, she continued to complain of pain in her nose, a constant, severe headache that is not relieved with medication, severe cervical pain, and a "crackling" sensation when she opens her mouth. The treatment plan was unchanged. However, a referral to an Ears, Nose, and Throat (ENT) physician was made. On 12-27-13, in addition to her previous symptoms, she also complained of occasional nose bleeds and dizziness. She was awaiting ENT referral and an MRI was requested to rule out fracture. As of 1-6-14, she was still awaiting approval for these services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE HEAD/FACE WITHOUT CONTRAST AS AN OUTPATIENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTOLARYNGOLOGY, MICHAEL M. PAPARELLA, DONALD A. SHYBORICK, JACK L. GLUCKMAN, WILLIAM I. MEYERHOFF, 3 D REV. EDITION (JAN. 1991). W.B. SAUNDERS COMPANY.

**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.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address the requested service as prescribed. The ODG states head MRI is indicated in the evaluation of prolonged unexplained changes in level of consciousness, acute or chronic injury or for evaluation of neurologic changes not explained by CT. The provided records do not meet these criteria and therefore the request is not medically necessary.