

Case Number:	CM13-0015973		
Date Assigned:	10/11/2013	Date of Injury:	12/27/2005
Decision Date:	01/13/2014	UR Denial Date:	08/10/2013
Priority:	Standard	Application Received:	08/23/2013

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 Occupational Medicine, and is licensed to practice in California. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64 year old female with a date of injury of December 27, 2005. As of July 1, 2013 patient states that her headaches have remained intense. Currently, the patient has a left knee pain after a total knee replacement in April 2 011 with persistent swelling and giving out. There is decreased sensation over the leg and up to the knee there is limited left knee flexion. Diagnoses included status post left knee total knee replacement, right knee pain, posttraumatic post-concussive headaches, and insomnia due to chronic pain. The headaches were described as starting occipital area and then extending to the front of the head. There are no focal neurological defects with the headaches. There has been no documented treatment for the HA except for observation. The HA occur 1-2x per week. There is a CT scan of the head done in December 22, 2012 after the fall which was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter..

Decision rationale: CA MTUS and ACOEM do not address CT scans of the head or evaluation of non-migraine headaches. Therefore ODG guidelines were used. ODG states that CT scans may be used when there is suspected intracranial bleeds, hydrocephalus, altered mental state, or a change in the clinical condition, including development of new neurological symptoms or posttraumatic seizure. There is no suspicion of these conditions in this case. There has been no treatment or other evaluation done for this case. MRI scans are generally recommended as opposed to CT once the initial acute stages passed which is the case here. Therefore as this is a chronic condition and CT scans are not recommended, the request is not medically necessary.

Lunesta 3mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain section, insomnia. .

Decision rationale: CA MTUS does not address Lunesta, therefore ODG pain guides are appropriate. ODG states that this medication should be used only if there is proper sleep hygiene, which is not documented. The guidelines also state the cognitive behavior therapy be used in conjunction with the medication. In this case there is no documented CBT or sleep hygiene. Therefore, the request for Lunesta is not medically necessary