

Case Number:	CM13-0021718		
Date Assigned:	11/13/2013	Date of Injury:	08/09/2013
Decision Date:	01/29/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for post traumatic headaches reportedly associated with an industrial contusion injury of August 9, 2013. On August 27, 2013, the claims administrator denied a request for CT scan of the head. The applicant later appealed, on September 4, 2013, citing the fact that the applicant had undergone a previous CT scan of the head in the emergency department. The initial progress report of August 9, 2013 was handwritten, and not entirely legible, somewhat difficult to follow, notable for comments that the applicant is still having complaints of headaches. The applicant reportedly feels tired following the head trauma, it is suggested. Cranial nerve testing and coordination are apparently intact. The applicant was apparently asked to obtain a CT scan of the head to clarify. Another section of the progress note suggested that the applicant had worsening complaints of headache with throbbing pressure, fatigue, dizziness, and nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Tomography (CT) of the head: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology(ACR), (www.acr.org),

Decision rationale: The MTUS does not address the topic. As noted by the American College of Radiology (ACR), indications for CT scanning of the head includes evidence of head trauma. In this case, the applicant did have issues with trauma and was reporting heightened complaints of headache, nausea, dizziness, etc. CT scanning of the head was indicated and appropriate to further evaluate the same. Therefore, the original utilization review decision is overturned. The request is certified.