

<b>Case Number:</b>	CM13-0027936		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 23 year old male with a date of injury of 02/01/2013. The diagnoses per Neurological evaluation by [REDACTED] dated 08/23/2013 are post traumatic syndrome and headache. According to report dated 08/23/2013 by [REDACTED], the patient has post traumatic syndrome and persistent headaches. It was noted that "from a neurological standpoint patient's major complaint is one of a headache". It was noted that patient's headaches are continually present despite taking Percocet. According to medical records, patient sustained multiple injuries when a truck rolled over his torso and dragged him 20-30 feet. The patient was hospitalized for 3 to 4 days. Unfortunately, ER report was not included for review. However, report dated 08/23/2013 indicates "it is unknown if there was actual head trauma, although apparently he was found to have an ethmoid fracture."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan head and sinuses:** 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)

**Decision rationale:** This patient presents with chronic headache. According to report dated 08/23/2013 by [REDACTED], patient has post-traumatic stress disorder and complaints of headache since his date of injury. [REDACTED] in his report dated 08/23/2013 states patient's headache is "most probably related to post traumatic syndrome. Doubt secondary to significant head trauma." Due to the fact that patient's headaches are continually present and unabated with Percocet, [REDACTED] [REDACTED] recommends a CT scan of the head and sinuses. For computed tomography Official Disability Guidelines (ODG) states, "CT scans are widely accepted for acute diagnostic purposes and for planning acute treatment. They are the screening image of choice in acute brain injury and are used to assess the need for neurosurgical intervention. ODG also states "example of inappropriate examination include head CT for chronic headache. The treater notes patient's headache to be "most probably related to post traumatic syndrome", ODG does not support CT for chronic headache but for acute diagnostic and treatment. Recommendation is for denial.