

Case Number:	CM13-0033277		
Date Assigned:	12/06/2013	Date of Injury:	02/17/2011
Decision Date:	02/24/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/09/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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.

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 42 -year old male who sustained an injury on 02/17/11 due to fall. The patient was diagnosed with poly-traumatism, head trauma with concussion, posttraumatic: headaches and post-concussion syndrome. A request is made for urgent PET scan of the brain. The medical report dated 10/4/12 states that the patient has complaints of memory problems and forgetfulness. On examination the patient was noted to have moderate difficulty with repetition. Remote memory is impaired. He has impaired ability to count four numbers backwards. He is impaired for proverbs. He has visual spatial impairment and can do only very simple calculations. By mental status examination, the patient has positive cognitive deficits. Medical records dated 8/21/13. The patient complains of neck pain with radiation to the right shoulder. He also complains of cognitive deficits such as memory problems, forgetfulness and decreased attention span. He also has intermittent generalized headaches. On examination, there is tenderness over the cervical paraspinal muscles, right greater than left with slight decreased ROM of the cervical spine on forward flexion, extension and rotation. Cranial nerves disclosed strabismus of the left eye and bilateral gaze nystagmus. Requesting for URGENT APPEAL PET SCAN of the Brain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Appeal PET Scan of the brain: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pubmed (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1064998/>)

Decision rationale: CA MTUS, Chronic Pain Medical Treatment Guidelines and ACOEM is mute about PET scans. Official Disability Guidelines, Head Chapter, Online Version: PET (positron emission tomography) Under study. This functional brain imaging procedure reveals areas of decreased metabolism in the brain. In individuals with moderate/severe TBI, PET findings are closely correlated with the site and the extent of cerebral dysfunction derived from neurological and neurobehavioral examinations. Little information is available about its use and results in MTBI. In all severities of TBI, it is recommended that medical necessity and clinical usefulness for this diagnostic study be justified. It is not generally accepted as a diagnostic study and should not be used solely to diagnose the presence of Traumatic Brain Injury. According to Pubmed (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1064998/>): Neither PET nor SPECT imaging is used routinely in the acute management of head trauma. Both have limited availability especially during off-hours and require a fair amount of time to complete. Because PET and SPECT imaging provide functional rather than detailed anatomic information, neither is likely to replace CT or MRI in the acute setting of head trauma. In addition, it is always important to use PET and SPECT in conjunction with anatomical imaging. Currently, SPECT and PET are more useful in guiding long-term therapy by helping establish a patient's prognosis. Currently, the advantages of cost and convenience for CT have limited the use of MRI in the acute management of TBI. As MRI becomes more available, newer sequences provide more information, and scanning time decreases, this may change. Moreover, the development of shorter MR studies using fast pulse sequences on ultra low, low, or intermediate field strength systems and nonferromagnetic monitoring and ventilation devices may allow more patients to be scanned. Additionally, investigators are using MRI to better understand the mechanisms of secondary injury in brain trauma. This may lead to preventative or preemptive treatments in the acute setting. Eventually, MRI may become a more useful tool for the early evaluation of acute brain injury. The documentation submitted for review elaborates the patient complaining of cognitive deficits, memory problems, forgetfulness and a decreased attention span following multiple head traumas. The Official Disability Guidelines recommends a PET scan provided the patient meets specific criteria to include having sustained a moderate to severe TBI. The patient has a full mental status exam in her prior requests which justify a PET scan. However, without review of additional documentation and previous imaging study results such as head CT or MRI scan this request is not medically necessary. Since anatomic collaboration with either CT or MRI will be necessary as indicated in the above evidence based guidelines.