

Case Number:	CM13-0041207		
Date Assigned:	12/20/2013	Date of Injury:	06/10/2013
Decision Date:	02/20/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/11/2013

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, and is licensed to practice in Texas. 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 49-year-old male who reported an injury on 06/10/2013. The patient was diagnosed with a head injury, not otherwise specified; 5th metatarsal fracture; post-concussion syndrome; cervical radiculitis; carpal tunnel syndrome; and an ulnar nerve lesion. The patient was seen by [REDACTED] on 09/09/2013. The patient reported frontal headaches and short-term memory difficulties. Physical examination revealed no acute distress, normal posture, paravertebral muscle spasms, tenderness, hypertonicity and trigger points, normal cranial nerves, normal motor strength, intact sensation and normal upper and lower extremity reflexes. Treatment recommendations included a CT scan of the brain as well as an MRI of the cervical spine and an EMG/NCS.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAT scan: 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), head-CT (computed tomography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, CT (computed tomography)

Decision rationale: The California MTUS Guidelines state that the criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program and for clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines state that CT scans are recommended for abnormal mental status, focal neurological deficits or acute seizure. As per the clinical notes submitted, the patient does not currently meet the criteria for a CT scan of the brain. There is no evidence of focal neurological deficits upon physical examination, nor is there evidence of abnormal mental status. The patient's neurologic examination was within normal limits on the requesting date of 09/09/2013. There was no evidence of disturbed consciousness or physical evidence of trauma. Based on the clinical information received, the request is non-certified.