

<b>Case Number:</b>	CM13-0052826		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Family Practice, has a subspecialty in Pain Management 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 claimant sustained a work injury on 10/21/13 by running into a merchandise rack at work and hitting her head. There was no loss of consciousness. She had an 8/10 headache and pain under the left eye. There was prior bruising /abrasion under the left eye from a non-industrial injury the month prior. The neurological examination was normal. A CT scan was ordered by the treating physician to rule out internal head injury. A CT scan performed that day was normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review for the stat 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 Clinical Evidence; BMJ Publishing Group, Ltd.; London, England; [www.clinicalevidence.com](http://www.clinicalevidence.com); Section; Neurological Disorders; Condition: Head Injury (moderate to severe).

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

**Decision rationale:** According to the Official Disability Guidelines (ODG), regarding concussions: treatment of a concussion is specific to the individual symptoms, such as dizziness, nausea, numbness, or fatigue. Headache is the most common symptom associated with brain

injury, and assessment and management of headaches after concussion should be the same as those for other causes of headache. Drugs to treat headaches, pain, and other symptoms should be carefully monitored because brain injured patients are more sensitive to medication adverse effects. Medications with an increased risk for suicide should be limited because the suicide rate is higher in post-TBI patients. However, most patients who experience a concussion require no specific medical treatment and recover within hours or days. Up to 95% recover completely within 3 to 12 months. In this case, the presenting complaint was headache which is common with concussions. The exam was otherwise non-focal. Although it is a consideration for a recent brain injury, concussions rarely require any medical treatment (as noted above) and a CT scan is not medically necessary. The retrospective review for the stat CT scan of the head (DOS 10/21/13 as an outpatient) is not medically necessary and appropriate.