

Case Number:	CM13-0053704		
Date Assigned:	12/30/2013	Date of Injury:	10/25/2001
Decision Date:	03/10/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	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 Internal Medicine, and is licensed to practice in New York. 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 is a 47 year old male who sustained an injury on 10/25/01. The mechanism of injury was not provided. His diagnoses include low back pain with radicular symptoms into the right leg, and headaches which have increased over the past four months. There was no history of recent head trauma. On exam, he complains of a headache when sitting but not on lying down. Exam of the low back demonstrates pain with range of motion, motor strength slightly decreased in the right lower extremity, deep tendon reflexes hypoactive in bilateral lower extremities, and sensation decreased in the lateral aspect of the right leg. Treatment has included medical therapy, physical therapy, injection therapy and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a CT scan of the brain with 1mm cuts and 3D reconstruction and without contrast: 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: Per the reviewed guidelines, CT scans of the brain are the screening image of choice in acute brain injury. They are used to assess the need for neurosurgical intervention. CT scans are noninvasive and should reveal the presence of blood, skull fracture, and/or structural changes in the brain. CT scans provide limited information about intrinsic cerebral damage involving deep brain structures. There is no history of acute brain injury and no reported abnormal neurologic findings in this patient. The headaches have been present for a period of four months. MRI scans are generally recommended as opposed to CT once the initial acute stage (72 hours) has passed. Medical necessity for the requested service has not been established. The requested service is not medically necessary.