

Case Number:	CM14-0102062		
Date Assigned:	07/30/2014	Date of Injury:	05/18/2011
Decision Date:	09/17/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 expert 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 61-year-old male who has submitted a claim for craniectomy defect and thoracic compression fracture associated with an industrial injury date of June 27, 2014. Medical records from 2014 were reviewed. The patient complained of headaches once to five times a week rated 5-8/10. According to a progress report dated April 8, 2014, patient's memory is still impaired as well as his concentration. Mini-Mental Status examination is 28/29 testable subjects. Examination of the cranial nerves II-XII was stated to be unchanged and was not further specified. Physical examination showed decreased muscle bulk in the right biceps and some slightly decreased bulk in the right anterior tibialis with dorsiflexion. Gait examination showed decreased heel walk on the right. Upper and lower extremity reflexes were normal. The diagnoses were skull fracture; concussion with cerebral contusion; ossicular bone fractures with hearing loss in the right ear; thrombophlebitis; compression fracture of the thoracic spine; post traumatic headaches; insomnia; dizzy spells; subdural hematoma on the right with cognitive disorder; and gait disorder due to subdural hematomas and cranial nerve VIII injuries. He is status post (s/p) right frontal temporal parietal hemicraniectomy and implantation of bone flap on May 18, 2011, and s/p right frontal temporal parietal cranioplasty and harvesting bone flap on July 2011. Treatment to date has included Lexapro, Topamax, buspirone post op physical therapy, occupational therapy, speech therapy, psychological counselling, and medication management. Utilization review from May 18, 2011 denied the request for CT (Computerized Tomography) brain without contrast and x-ray, thoracic spine because the most recent medical examination is over one year old.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT brain without contrast:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, CT Imaging of the Brain.

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to ODG, CT scans are widely accepted for acute diagnostic purposes, and for planning acute treatment. Neuroimaging is not recommended in patients who sustained a concussion/mTBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. CT scans are recommended for abnormal mental status, focal neurologic deficits, or acute seizure. In this case, the patient complained of headaches. However, most recent progress reports did not show evidence of red flag signs or cognitive deterioration that warrant neuroimaging studies. The medical necessity has not been established. There was no clear indication for the request. Therefore, the request for CT brain without contrast is not medically necessary.

Xray Thoracic Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Radiography (x-rays).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. ODG does not recommend routine x-rays in the absence of red flags. Indications for plain x-rays include severe thoracic spine trauma with severe pain, without neurological deficit; and thoracic spine trauma with neurological deficit. In this case, the patient was diagnosed with thoracic spine compression fracture. However, most recent progress reports did not show evidence of thoracic spine pain or red flag signs that warrant imaging studies. The medical necessity has not been established. There was no clear indication for the request. Therefore, the request for Xray Thoracic Spine is not medically necessary.

