

<b>Case Number:</b>	CM14-0017697		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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 injured worker is a 49-year-old male who reported an injury on 09/10/2009. The mechanism of injury was not specifically stated. Current diagnoses included a cervical disc herniation with myelopathy, lumbar spondylosis with myelopathy, thoracic spondylosis without myelopathy, sacroiliitis, headache and sleep disorder. The injured worker was evaluated on 03/12/2014. The injured worker reported constant severe pain in the cervical spine, intermittent headaches, bilateral knee pain, lumbar spine pain and right upper extremity pain. Physical examination revealed 4+ spasm and tenderness in the bilateral paraspinal muscles from C4-7, limited cervical range of motion, positive distraction testing, positive axial compression testing, positive shoulder depression testing, decreased left brachioradialis reflex and decreased triceps reflex. Treatment recommendations at that time included authorization for a CT scan of the head, MRI of the bilateral knees and an MRI of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE CT 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 ODG-Treatment In Worker's Compensation, Online Edition Chapter: Head, Ct (Computed Tomography).

**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 Official Disability Guidelines state that CT scans are recommended for abnormal mental status, focal neurologic deficits or acute seizures. They may also be indicated to follow identified pathology or screen for late pathology. CT scans are also recommended for patients presenting to the emergency department with headaches and abnormal findings on a neurologic examination. As per the documentation submitted, there is no evidence of abnormal mental status, focal neurologic deficits or acute seizures. There was also no evidence of an interval of disturbed consciousness, physical trauma, pre or post event amnesia or drug/alcohol intoxication. Therefore, the medical necessity for the requested service has not been established. As such, the request is non-certified.