

Case Number:	CM14-0132500		
Date Assigned:	09/19/2014	Date of Injury:	03/25/2014
Decision Date:	10/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/19/2014

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 Occupational Medicine 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:

This 50-year old patient had a date of injury on 3/25/2014. The mechanism of injury was a student struck her in the face and mouth, injuring her face and mouth. In a progress noted dated 8/6/2014, the patient complains of numbness and pain on upper front right and left teeth for 1 month. Medications were not helpful. On a physical exam dated 8/6/2014, clinical exam and radiograph-revealed #8 and #9 has widened and thickened ligament at Apex. It was noted in a 5/15/2014 progress report that a CT scan showed evidence of abnormalities with evidence of a chronic medial and inferior bilateral blowout fracture, and a facial CT scan was requested. The diagnostic impression shows head trauma, facial trauma, posttraumatic headache. Treatment to date: medication therapy, behavioral modification A UR decision dated 8/18/2014 denied the request for CT scan, facial, without providing a rationale. Gabapentin 100mg #1 was denied, modifying the amount to #60. No rationale was provided for the denial. ENT consultation with co-treatment #1 was modified to #1 for evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan, facial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines; Head/ CT (computed tomography) CT scans

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

Decision rationale: CA MTUS does not address this issue. ODG recommended as indicated below. 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. CT scans are widely accepted for acute diagnostic purposes, and for planning acute treatment. They are the screening image of choice in acute brain injury and are used to assess the need for neurosurgical intervention. It was noted in a 5/15/2014 progress report that a CT scan showed evidence of abnormalities with evidence of a chronic medial and inferior bilateral blowout fracture, and a facial CT scan was requested. However, no clear rationale was provided regarding the medical necessity of a facial CT scan when it was noted that a CT scan already showed evidence of abnormalities. Therefore, the request for facial CT scan was not medically necessary.

Gabapentin 100mg QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (7/18/09) ; regarding Ga.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In the 8/6/2014 progress report, the patient was noted to have numbness and pain on upper right front teeth, and medications were not helpful. Furthermore, no clear rationale was provided regarding why a quantity of 1 was requested. Therefore, the request for Neurontin 100mg#1 was not medically necessary.

ENT consultation with co-treatment QTY:1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS/ ACOEM, Second Edition, 2004 pages 118, 127 regarding consultation/referrals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In an 8/6/2014 progress report, the patient is noted to have pain in upper right teeth, and medications were not helpful. Therefore, the request for ENT consult with co-treatment was medically necessary.

