

Case Number:	CM14-0151577		
Date Assigned:	09/19/2014	Date of Injury:	05/10/2006
Decision Date:	10/20/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 44 year old male who sustained a work injury on 5-10-06. The claimant has been treated with medications, physical therapy, acupuncture, pain management, medications. The claimant underwent an ACDF C5-C6 on 7-17-07. The claimant has a nonunion per a CT scan on 9-4-07. Most recent office visit dated 8-6-14 notes the claimant reports vertigo. On exam, there was no abnormality noted. The claimant was continued on Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ODG notes that CT scans are recommended for abnormal mental status, focal neurologic deficits, or acute seizure and should also be considered in the following situations:-
 Signs of basilar skull fracture- Physical evidence of trauma above the clavicles- Acute traumatic seizure- Age greater than 60- An interval of

disturbed consciousness- Pre-or post-event amnesia- Drug or alcohol
intoxication- Any recent history of TBI, including MTBI- Also may be used to
follow identified pathology or screen for late pathology. There is an absence in documentation
noting objective findings to support that this claimant has mental status alteration, focal
neurological deficits or any of the indication to perform CT scan of the brain. Therefore, the
medical necessity of this request is not established.