

Case Number:	CM14-0162509		
Date Assigned:	10/07/2014	Date of Injury:	08/26/2014
Decision Date:	12/11/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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 and is licensed to practice in Maryland. 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 employee was a 46 year old female who sustained an industrial injury on 08/18/14 when she sustained a blunt force trauma. Her clinical note from 09/12/14 was reviewed. Her complaints included headache, facial pain and neck pain. She also had intermittent blurred vision, neck stiffness, nausea, incontinence, dizziness, headaches and tingling. Pertinent examination findings included tenderness to palpation over the left side of face over maxillary, zygomatic arch and frontal forehead. Impression included facial pain, neck pain, head contusion, nausea and headache due to trauma. The plan of care included Neurology consultation and urgent CT scan of maxillofacial area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent CT-Scan of the Maxillofacial without dye: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: www.uptodate.com, Facial trauma in adults, Diagnostic imaging

Decision rationale: According to the article above, CT scan of maxillofacial region is the imaging of choice when available, to evaluate patients who have sustained facial trauma. The employee had facial pain, blurred vision, tenderness to palpation over left side of face, headaches and tingling after blunt trauma to face. There is only mention of a CT scan of cervical spine from the emergency room. Hence, the request for CT scan of maxillofacial area without contrast is medically necessary and appropriate.