

Case Number:	CM14-0162513		
Date Assigned:	10/07/2014	Date of Injury:	08/26/2014
Decision Date:	11/20/2014	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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old female with a date of injury of 08/26/2014. The listed diagnoses per [REDACTED] are: 1. Facial pain. 2. Neck pain. 3. Head contusion. 4. Nausea. 5. Headache due to trauma. According to progress report, 09/12/2014, the patient sustained head injury as a result of blunt force trauma on 08/19/2014. The patient is reporting moderate dull ache that is constant in his head. Examination revealed "headache, head injury, blurred vision (intermittently), and pain in face." The patient also reports dizziness. This is a request for a CT scan of the head without dye. Utilization review denied the request on 09/23/2014. The medical file includes one progress report.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) scan of the head without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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, online, for CT scans

Decision rationale: This patient presents with a blunt force head injury. The patient reports worsening of neck pain, headache, and facial pain. The treater is requesting an urgent computed tomography (CT scan) of the head without dye. Utilization review denied the request "MRI scans are generally recommended as opposed to CT once the initial acute stage has passed." The ACOEM and MTUS Guidelines do not discuss CT scans of the head. ODG Guidelines, head chapter, online, for CT scans have the following, "CT scans are non-evasive and should reveal the presence of blood, skull fracture, and/or structural changes in the brain. Indications for CTs include abnormal mental status, focal neurological deficits or acute seizures, to identify pathology, or with patients presenting to emergency department with headache and abnormal findings in a neurological examination." This patient presents with a blunt force trauma injury to the head with associated dizziness and intermittent blurred vision. ER records indicate the patient had a CT of the cervical spine which was negative. The treater would like a CT scan of the head for further investigation. In this case, the patient does present with an increase in headache following a head injury, but neurological evaluation did not indicate abnormal mental status or focal neurological deficits. It was noted the patient is "alert, oriented, with appropriate and normal speech." ODG Guidelines support CT scans for acute diagnostic and treatment. The request is not medically necessary.