

Case Number:	CM14-0169057		
Date Assigned:	10/17/2014	Date of Injury:	03/25/2014
Decision Date:	12/12/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 26-year-old male who reported an injury on 03/25/2014. The mechanism of injury was a fall. His diagnoses were noted to include right brain stroke with secondary left arm and leg spasticity, complex regional pain syndrome of the left arm, and depression. His past treatments were noted to include physical therapy, acupuncture, and medication. The x-rays on 04/03/2014 revealed no fracture in the elbow, no fracture in the left humerus, and no fracture in the forearm or the shoulder. During the assessment on 09/29/2014, the injured worker stated that he continued to have spasms in the left arm and shoulder, which prevent him from extending the elbow, movement of the wrist, extension of fingers and thumbs, and any movement of the shoulder. The physical examination revealed muscle tone was increased in the left arm and leg and he could not fully extend the left elbow or move the left shoulder. His gait and station were narrow based, but not antalgic. His medication was noted as Tegretol. The treatment plan was to continue with medication, request an MRI of the brain with contrast to rule out brain tumor, and request Botox injections. The rationale for a care provider 8 hours a day for 7 days a week, CT of the neck, CTA of the brain, and an MRI of the brain with contrast was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Care provider 8hrs/7 days a week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The request for a care provider 8 hours/7 days a week is not medically necessary. The California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home bound on a part time or intermittent basis (generally up to no more than 35 hours per week). The clinical documentation provided did not indicate whether the injured worker was not able to provide self care or was considered home bound on a part time or intermittent basis. Furthermore, the rationale for the request was not provided. Given the above, the request for a care provider 8 hours/7 days a week is not medically necessary.

CTA of the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Computed tomography (CT)

Decision rationale: The request for a CTA of the neck is not medically necessary. The Official Disability Guidelines do not recommend computed tomography for patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings. Indications for imaging include suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet, and a patient that had lost consciousness. The clinical documentation provided did not indicate that the injured worker had suspected cervical spine trauma or had lost consciousness, or complained of paresthesias in the hands or feet. Due to the CTA of the neck not being recommended by the guidelines and the lack of pertinent information, the request is not medically necessary.

CTA of the brain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for a CTA of the brain is not medically necessary. The Official Disability Guidelines recommend computed tomography scans for abnormal mental status, focal

neurological deficits, or acute seizure and should also be considered if the injured worker has signs of basilar skull fracture, physical evidence of trauma above the clavicles, acute traumatic seizure, if they over the age of 60, if there was an interval of disturbed consciousness, pre or post even amnesia, and any recent history of traumatic brain injury (including mild traumatic brain injury). The clinical documentation provided did not indicate if the injured worker had suffered trauma above the clavicles, or had an interval of disturbed consciousness. There was no evidence or sign of amnesia and the injured worker is under the age of 60. According to the clinical documentation, the injured worker denied headaches, loss of vision, double vision, changes in color vision, changes in hearing, tinnitus, sensory changes of the face or scalp, involuntary movements of the face, trouble swallowing, drooling, slurred speech, word finding problems, memory problems, hospitalization for psychiatric illness, clumsiness, tremors, loss of consciousness or alteration in awareness, dizziness, vertigo, sensory changes in the torso, weakness in the face or limbs, gait changes, balance problems, or falls. The injured worker also denied all psychosensory feelings that are commonly associated with seizures. Due to the lack of recommended indications for computed tomography of the head, the request is not medically necessary.

MRI of the brain with contrast: 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, MRI

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

Decision rationale: The request for an MRI of the brain with contrast is not medically necessary. The Official Disability Guidelines recommend MRI due to its high contrast resolution. MRI scans are superior to CT scans for the detection of some intracranial pathology. MRI scans are useful to assess transient or permanent changes, to determine the etiology of subsequent clinical problems, and to plan treatment. Indications for magnetic resonance imaging include: to determine neurological deficits not explained by the CT scan, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes superimposed on previous trauma or disease. The clinical documentation did not indicate if the injured worker had prolonged interval of disturbed consciousness or evidence of acute changes superimposed on previous trauma or disease. There were no neurological deficits found on the physical examination, nor was a CT scan performed. As stated above, the request for the CT scan was not medically necessary, therefore, the request for the MRI of the brain with contrast is also found not medically necessary.