

<b>Case Number:</b>	CM14-0040188		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### **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 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 41 year old female who sustained a work injury on 11- 26-12. Office visit on 6-2-14 notes the claimant reports no change in her anxiety. She reports pain in her head, constant neck pain, constant right ear pain, occasional pain in her right cheek. The claimant has been treated with medications and chiropractic therapy. She reports chiropractic therapy is helpful temporarily. On exam, the claimant has tenderness to palpation from C1 to T1, there is stiffness. Medications include Ibuprofen and Omeprazole.

### **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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**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 There is an absence in documentation noting that this claimant has signs of a skull fracture, or seizures, recent head injury, disturbance of consciousness. Therefore, based on the records provided, this request is not established as medically necessary.

**MRI without contrast of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical spine disorders, diagnostic investigations - MRI

**Decision rationale:** ACOEM notes MRI is recommended for patients with: -Acute cervical pain with progressive neurologic deficit; -Significant trauma with no improvement in significantly painful or debilitating symptoms; -A history of neoplasia (cancer); -Multiple neurological abnormalities that span more than one neurological root level (Kulkarni 87, Tarr 87, Mrivis 88, Benzel 96, Orrison 95); -Previous neck surgery with increasing neurologic symptoms; -Fever with severe cervical pain; or -Symptoms or signs of myelopathy. There is an absence in documentation noting this claimant has neurological deficits. She has no signs of myelopathy. She does not have significant painful or debilitating symptoms. Therefore, the medical necessity of this request is not established.

**Neurological consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, consultations

**Decision rationale:** ACOEM notes: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. There is an absence in objective documentation noting that this claimant has a neurological deficits that would support a neurological consultation. This claimant has subjective complaints without objective findings. Therefore, the medical necessity of this request is not established.

**Orthopedic spine consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, consultations

**Decision rationale:** ACOEM notes: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. There is an absence in objective documentation noting that this claimant has a surgical pathology that that would support an orthopedic consultation. This claimant has subjective complaints without objective findings. Therefore, the medical necessity of this request is not established.

**X-ray of the face and jaw:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Imaging Page(s): 52. Decision based on Non-MTUS Citation Head procedure summary

**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 - x-rays

**Decision rationale:** ODG notes that x-rays are recommended if CT scans are not available. CT scanning is preferred if fractures are suspected because the CT scan may identify clinically significant fracture as well as potentially co-existent contusion or hemorrhage. There is an absence in documentation noting the suspicion of a fracture at this juncture, almost two years post injury. Therefore, the medical necessity of this request is not established.