

Case Number:	CM14-0052709		
Date Assigned:	07/07/2014	Date of Injury:	07/26/2013
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of July 26, 2013. A utilization review determination dated March 20, 2014 recommends noncertification for a head CT. Noncertification was recommended since CT scans are not recommended for evaluation of chronic headaches according to Official Disability Guidelines. A progress report dated January 14, 2014 indicates that the patient has a slight diffuse headache once a week which response to aspirin or Tylenol. They last for 30 to 60 minutes at a time and are not incapacitating. Occasionally, she has blurring of her vision in her right eye. The patient states that she walks with an unsteady gait and may veer to either side. She no longer has dizzy spells. The patient also has diabetes. The patient has had unsteady gait ever since 2 days after her injury. The mechanism of injury is described as the patient hitting her right frontal head region on a clothing rack with no loss of consciousness but development of right frontal swelling. Physical examination identifies somewhat unsteady gait with a significantly reduced bulk in some foot muscles. Diagnoses include posttraumatic headaches, ataxia probably due to peripheral neuropathy, consider significant subdural hematoma, singular episode of dizziness probably labyrinthine in origin, and diabetes with probable diabetic neuropathy. The treatment plan recommends a CT scan of the head. A brain CT performed on January 30, 2014 identifies no significant abnormalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient CT (computed tomography) scan of the head: Overturned

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 Chapter, CT (computed tomography) Work Loss Data Institute. Web-based version.

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: Regarding the request for a CT scan of the head, ACOEM and California MTUS do not contain criteria for this request. Official Disability Guidelines state that CT scans are recommended for abnormal mental status, focal neurologic deficits, or acute seizures and should also be considered in the following situations (basilar skull fracture, physical evidence of trauma to the head or neck, acute traumatic seizure, age greater than 60, an interval of disturbed consciousness, pre-or post event amnesia, drug or alcohol intoxication, and any recent history of traumatic brain injury). Guidelines go on to recommend that CT scans may be used to screen for late pathology. Such as when there is a suspected intracranial bleed. Within the documentation available for review, the requesting physician has identified that there was physical evidence of trauma to the head with current symptoms which may be attributable to that event. Guidelines recommend the use of CT scan to evaluate for late pathology occurring from any head trauma such as the suspicion of an intracranial bleed. The treating physician has stated that he is concerned about a possible subdural hematoma. As such, the currently requested outpatient CT scan of the head is medically necessary.