

Case Number:	CM14-0057527		
Date Assigned:	07/09/2014	Date of Injury:	06/24/1994
Decision Date:	08/21/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational Medicine 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:

Patient is a 43 year-old male with date of injury 06/24/1994. He was an unrestrained passenger in a motor vehicle accident in which he sustained injuries to both upper extremities, ribs, face, temporomandibular joint, lumbar spine, and a closed head injury resulting in hearing loss and vertigo. The primary treating physician's progress note of 03/21/2014 lists subjective complaints as a lot of dizziness and pressure behind the eyes. Patient states the pain is becoming intermittently worse. Objective findings: Neurological examination of the right upper extremity was normal and unchanged since previous exam. Patient had positive Lhermitte's on the right, negative on the left. He had decreased sensation in the C6 distribution on the right-hand side. Diagnosis: C6 radiculopathy. Patient has been approved for C5-6 anterior cervical discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the patient's brain without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Edition, 2007 data institute; Official Disability Guidelines Treatment in workers compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), CT (computed tomography).

Decision rationale: According to the Official Disability Guidelines, CT scans are recommended for abnormal mental status, focal neurologic deficits, or acute seizure and should also be considered in the following situations: 1. Signs of basilar skull fracture. 2. Physical evidence of trauma above the clavicles. 3. Acute traumatic seizure. 4. Age greater than 60. 5. An interval of disturbed consciousness. 6. Pre-or post-event amnesia. 7. Drug or alcohol intoxication. 8. Any recent history of TBI, including MTBI. Considering the very remote history of this patient's traumatic brain injury, CT of the head is not medically necessary.