

Case Number:	CM14-0073797		
Date Assigned:	07/18/2014	Date of Injury:	04/19/2013
Decision Date:	09/19/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/21/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 38-year-old female was reportedly injured on April 19, 2013. The mechanism of injury is noted as being hit by several large rocks thrown at her. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of headaches, vertigo, stuttering, memory issues, difficulty with reading and concentration, as well as insomnia, fatigue, and anxiety. The physical examination revealed a grossly normal neurological examination. The diagnosis is postconcussive syndrome although it was unclear why traumatic brain injury (TBI) symptoms were present without a loss of consciousness. Diagnostic imaging studies revealed a previous computed tomography (CT) scan of the head and an MRI of the brain both with normal findings. Previous treatment is unknown. A request had been made for a CT scan of the head and was not certified in the pre-authorization process on May 20th 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan, head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines (updated 03/28/14), 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, Computed Tomography, Updated August 11, 2014.

Decision rationale: According to the Official Disability Guidelines, the indications for a CT of the head included skull fracture, evidence of prior trauma, acute traumatic seizure, aged over 60, disturbed consciousness, pre-or post event amnesia, drug or alcohol intoxication, or a recent history of a traumatic brain injury (TBI). A review of the available medical records indicates that the injured employee has already had a CT of the head and a MRI of the brain which were both stated to be normal. Considering this, a CT scan of the head at this time is not medically necessary.