

Case Number:	CM13-0025257		
Date Assigned:	02/28/2014	Date of Injury:	08/14/2006
Decision Date:	09/21/2015	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/16/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female who sustained an industrial lifting injury on 08-14-2006 as a shuttle driver. The injured worker was diagnosed with cervical spine stenosis, myelopathy, ossification of posterior longitudinal ligament (OPLL), diffuse idiopathic skeletal hyperostosis (DISH) syndrome, cervicogenic headaches, lumbar intervertebral disc disorder and adjustment disorder. The injured worker is status post cervical decompression C2-C5 with posterior instrumentation and fusion in May 2012 and lumbar pedicle screw fixation and fusion at L4-L5 and L5-S1 in 2008. Treatment to date has included recent Electromyography (EMG) and Nerve Conduction Velocity (NCV) on July 8, 2013, surgery, physical therapy, lumbar epidural steroid injections, rheumatology consultation, psychiatric evaluation, psychotherapy, home exercises and medications. According to the primary treating physician's progress report on July 8, 2013, the injured worker continues to experience cervical pain without radiation to the upper extremities rated as 7 out of 10 on the pain scale, headaches rated at 7-8 out of 10 and low back pain radiating to the lower extremities. The neurological examination noted full motor force throughout with no evidence of weakness, wasting or fasciculations. Sensory was diminished of all digits of the left hand, bilateral forearms and both feet. Deep tendon reflexes were trace. Babinski and Hoffmann's reflexes were absent. The injured worker ambulates with a slow, mildly broad based gait. The tandem gait was unstable with negative Romberg maneuver. A cane is used for ambulation. Current medication noted was Norco. Treatment plan consists of Computed Tomography (CT) myelogram of the cervical and thoracic spine and the current request for Computed Tomography (CT) of the brain without contrast.

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 without 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 Chapter, CT & CT myelography 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 (imaging), page 212.

Decision rationale: Review indicates patient's complaints of headache and has been diagnosed with cervicogenic headaches by AME. Indications for CT scan of the brain may be performed to determine neurological deficits not explained by clinical assessment, evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes super-imposed on previous traumatic disease, not demonstrated here. The patient has history of chronic cervical pain with headaches; however, is without any head trauma, progressive clinical findings with neurological deficits identified to support this imaging study outside the guidelines criteria. The CT scan of the brain without contrast is not medically necessary and appropriate.