

<b>Case Number:</b>	CM14-0171448		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/28/2004
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Neurology 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:

The Injured Worker (IW) is a 59 year old male with a date of injury of 5/28/2004. The mechanism of injury is reported to be an assault in which the IW suffer a traumatic brain injury with a skull fracture. The injured worker is status post craniotomy at the time of the injury. The IW continues to reports debilitating headaches and is concerned about his back pain and right leg pain. He is under the care of a clinical psychologist for his depression and anxiety. In addition, he is being treated by a Neurologist to manage his headaches. An MRI is referenced (report not included) from 8/5/2014 which is reported to reveal a left frontal lobe injury and changes from the head injury. A previous request for a CT scan of the brain without contrast was determined to be not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cat Scan Brain without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 (computed tomography)

**Decision rationale:** Per the recommendations Official Disability Guidelines, the use of computed tomography (CT) of the head (neuroimaging) is not recommended in patients who sustained a concussion or mild TBI (traumatic brain injury) beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. In this case, the date of the initial injury is reported to be 5/28/2004 and is well beyond the initial phase of the head trauma. The clinical notes provided do not suggest a change in the Injured Worker's clinical condition since the initial injury. In addition, the IW recently has had a brain MRI (8/5/2014) which is a more useful diagnostic study when evaluating subtle findings in traumatic brain injury. The request for a CT of the head is not medically necessary.