

<b>Case Number:</b>	CM14-0178317		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 47-year-old male who sustained an industrial injury on 9/14/11. The injured worker reported symptoms in the right shoulder, cervical and lumbar spine as well as headaches. The injured worker was diagnosed as having traumatic brain injury with epilepsy, shoulder disruption from industrial fall, status post meningitis, left sided hearing loss, sensory ataxia from traumatic brain injury. Treatments to date have included non-steroidal anti-inflammatory drugs, and anti-epileptic medication. In a progress note dated 9/18/14 the treating provider reports the injured workers was with "recurrent right shoulder pain." noting decreased carotid pulses and "no carotid or supraclavicular bruits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT (computed tomography) angiography of the neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, computed tomography (CT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.massgeneral.org/imaging/services/procedure.aspx?id=2257>.

**Decision rationale:** Pursuant to [REDACTED] imaging, computed tomography angiography (CTA) of the neck is not medically necessary. CTA is type of exam that uses CT technology to look at blood vessels. CTA is typically used to examine blood vessels in the brain, neck, abdomen and chest. CTA is used to look for conditions that can reveal aneurysms and narrowing of the arteries. In this case, the injured worker's working diagnoses are traumatic brain injury (TBI) with secondary CSS leak; OBS secondary to TBI; epilepsy secondary TBI signs on examination of recent seizure; OSA; severe inappropriate daytime somnolence; new ones that Wheeling on the left; new loss of vibration sense in the toes; heart murmur; hypertension; peripheral vascular disease; shoulder pain with history fracture right scapular wing; cervical and lumbar radiculopathy. The review of systems is unremarkable. The neurologic evaluation did not show any significant findings. Motor examination was notable for increased muscle tone more so on the left. There was a hint of cog wheeling on the left. Strength testing was normal. Sensory examination was notable for slightly decreased vibration sense in the toes. The motor examination also demonstrates the injured worker was able to perform heel to shin testing, tandem walk and the patient can walk on heels and toes. The provider indicates the patient probably sustained a seizure recently giving the loss of tone on the right. Another cause for the symptoms could be a recent stroke embolus. The treating provider has requested multiple diagnostic tests including an MRI of the brain, a CTA of the neck and brain, and a bubble echo. The physical examination does not state whether the injured worker is awake alert and oriented. However, the progress note dated September 17, 2014 provides detailed answers/responses to multiple questions based on the review of systems questions asked and answered. There is no clinical evidence of a recent seizure disorder based on the symptoms/signs provided by the injured worker. There are no significant clinical findings in the medical record present to warrant a CTA of the neck and brain at this time. There is no clinical evidence of a recent seizure (epilepsy). An echocardiogram may provide the information necessary to evaluate the intra-cardiac heart structures without the need for more invasive testing. Consequently, absent clinical documentation of recent seizure (epilepsy) in the presence of detailed responses to questions (see review of systems) with no mental status examination in the medical record, computed tomography angiography of the neck is not medically necessary.