

Case Number:	CM14-0192662		
Date Assigned:	11/26/2014	Date of Injury:	07/05/2013
Decision Date:	01/14/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/18/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/05/13 when he was involved in an altercation with a coworker and was struck on his head with a metal flashlight. He was seen on the date of injury. There had been no loss of consciousness. He was not having any neurological symptoms. The claimant reported feeling normal and able to perform his regular work activities. Physical examination findings included a scalp laceration which was repaired. On 07/16/14 he was having intermittent headaches which were new. He had multiple complaints including neck pain with nausea, vomiting, occasional blurred vision, lightheadedness, and dizziness. He had low back and left knee pain. He was having difficulty sleeping. Physical examination findings included cervical paraspinal muscle, upper trapezius, and spinous process tenderness with muscle spasm. There was decreased cervical spine range of motion with positive distraction and compression testing. Diagnoses included postconcussive syndrome. He was continued at temporary total disability. On 10/14/14 he was having non-radiating low back pain rated at 8/10 and neck pain rated at 6/10. Physical examination findings included appearing in mild to moderate distress. He had difficulty transitioning positions and moved slowly. He had cervical spine and lumbar paraspinal muscle tenderness with increased muscle tone and trigger points and decreased spinal range of motion. He had positive lumbar facet loading. He had normal strength, sensation, and reflexes. There was positive straight leg raising. Imaging results were reviewed. Authorization for facet injections was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Imaging study of the head/brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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.), CT (computed tomography)

Decision rationale: The claimant is more than 1 years status post work-related injury. He has a history of head trauma without loss of consciousness or neurological symptoms or findings on examination when seen on the date of injury. He now has headaches without new identified injury and without reported abnormality on neurological examination when seen by the requesting provider. A CT scan is recommended for the evaluation of abnormal mental status, focal neurologic deficit, altered cognitive function, or after an acute seizure and can be considered after trauma or recent traumatic brain injury. In this case, there is no documented neurological abnormality or history of recent trauma or traumatic brain injury, and therefore the requested CT scan is not medically necessary.