

Case Number:	CM14-0092443		
Date Assigned:	07/25/2014	Date of Injury:	02/05/2014
Decision Date:	03/30/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/18/2014

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. 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: North Carolina
Certification(s)/Specialty: Family Practice

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 51 year old male who sustained an industrial injury on 02/05/2014. Diagnoses include healing sacral fracture, lumbar spine discopathy, and head trauma with resultant cephalgia. Treatment to date has included medications, and diagnostic studies. A physician progress note dated 05/19/2014 documents the injured worker complains of mild to moderate neck and mid back pain. Low back pain is severe with pain rated 8 out of 10 with pain radiating down the left lower extremity. He has also been experiencing urinary incontinence, and headaches. Treatment requested is for X-ray of the skull. On 06/12/2014 Utilization Review non-certified the request for an x-ray of the skull, and cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xray of the skull: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, head x-rays

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested services. Per the Official Disability Guidelines section on head x-rays, they are only recommended if CT scans are not available. CT scan of the skull for evaluation of fracture is the preferred imaging study. There is no indication why a CT scan would not be performed in the assessment of this patient with history of head trauma and orbital pain. Therefore the request is not certified.