

Case Number:	CM15-0203541		
Date Assigned:	10/20/2015	Date of Injury:	11/07/2005
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This 59 year old woman sustained an industrial injury on 11-7-2005. Diagnoses include lumbar discography with disc replacement, lumbar radiculopathy, chronic pain syndrome, coccydynia, and subdural hygroma. Treatment has included oral medications. Physician notes dated 8-25-2015 show complaints of bilateral sacroiliac joint pain and worsening severe headaches. The worker is concerned her subdural hygroma is worsening. The physical examination shows tenderness to palpation of the cervical paraspinal musculature, occipital cervical junction, and coccyx with "decreased" range of motion due to pain and stiffness with bilateral positive Spurling's sign. Tenderness is also noted to the lumbar paraspinal musculature and bilateral sacroiliac joints, FABER/Patrick's tests are positive, and straight leg raise is positive in the supine position the bilateral lower extremities at 20 degrees. The motor examination is normal in the bilateral upper and lower extremities, sensation is diminished to pin prick and light touch in the L5 and S1 dermatomes bilaterally, reflexes are 1+ throughout with downgoing toes, negative Hoffman's sign, and negative clonus. Recommendations include Prilosec, Ultram, topical creams, Norco, Oxycontin ER, pain management specialist consultation, home health care aid, head CT scan, urine drug screen, and follow up in four to six weeks. Utilization Review denied a request for head CT on 9-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Head #1: 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 CT.

Decision rationale: The California MTUS and the ACOEM do not directly address the requested service. The ODG states that head CT is indicated for the evaluation of acute neurologic changes, focal neurologic changes, mental status changes, acute seizure or trauma. The patient does not have any of these diagnoses or physical exam findings. Therefore, the request is not medically necessary.