

<b>Case Number:</b>	CM15-0209681		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 5, 2013. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve requests for CT imaging of the head and neck. The claims administrator referenced an office visit dated July 22, 2015 in its determination. The claims administrator framed the request in question as a retrospective request for CT studies performed in conjunction with an emergency department visit of July 22, 2015. The applicant's attorney subsequently appealed. On an emergency department (ED) note dated July 22, 2015, the applicant apparently presented to the emergency department with symptoms including dizziness, lightheadedness, nausea, vomiting, vertigo, headaches, neck pain, and on and off chest pain x4 days. The applicant had a history of non-ischemic cardiomyopathy, hypertension, psychiatric problems, asthma, and gout, the treating provider reported. The applicant did exhibit well-preserved motor function and a grossly non-focal neurologic exam to include normal cranial nerve testing, the treating provider reported. CT angiography of the neck was performed in the ED and was apparently within normal limits, while a CT angiography of the head with and without contrast was also described as within normal limits aside from the slight left vertebral artery atherosclerosis. IV fluids were given. The applicant's workup was unrevealing, the treating provider reported. The applicant was ultimately discharged to home in stable condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient CT of the head and neck (DOS: 07/22/15): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015: Indications for Computed Tomography, Indications for Imaging - CT (Computed Tomography).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation American College of Radiology, Revised 2015 (Resolution 19).

**Decision rationale:** Yes, the request for outpatient CT imaging of the head and neck was medically necessary, medically appropriate, and indicated here. The request in question represented a retrospective request for CT angiography of the head and neck performed in the emergency department setting on July 22, 2015. The MTUS Guideline in ACOEM Chapter 8, Table 8-7, page 179 does score CT imaging of 4/4 in its ability to identify suspected anatomic defects. Here, the applicant's presentation, with symptoms including headaches, neck pain, dizziness, vertigo, nausea, vomiting, etc., was suggestive of some acute-onset head and/or neck source, such as an acute bleed, for instance. The American College of Radiology (ACR) also notes that indications for CT angiography (CTA) of the head and neck vessels include the diagnoses and characterization of an ischemic stroke, arterial aneurysms, pseudoaneurysms, intracranial hemorrhage, i.e., diagnoses which were certainly on the differential diagnosis list here as of the date of the emergency department visit, July 22, 2015, given the applicant's presentation with and symptoms of headaches, neck pain, nausea, vomiting, dizziness, vertigo, and the like. Therefore, the request was medically necessary.