

Case Number:	CM15-0028665		
Date Assigned:	02/20/2015	Date of Injury:	04/30/2013
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/17/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 62 year old male who sustained an industrial injury on April 30, 2013. He has reported bilateral elbow, neck, and lower back pain and has been diagnosed with degenerative disc disease with disc protrusions C3-C4 and C5-C6, lumbar strain, degenerative disc with protrusions L5-S1, bilateral medial epicondylitis, and right cubital tunnel syndrome. Treatment included medical imaging, pain medications, muscle relaxers, and physical therapy. Currently the injured worker denies complaints regarding the neck or back. The treatment plan included surgery, brace, and medications. On January 15, 2015 Utilization Review non certified CT scan of the brain prior to surgery citing the MTUS, ACOEM, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the brain prior to surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for computed tomography.

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 (computed tomography).

Decision rationale: The MTUS is silent on CT of the head. The ODG states that it is "Recommended as indicated below. CT scans are noninvasive and should reveal the presence of blood, skull fracture, and/or structural changes in the brain. CT scans provide limited information about intrinsic cerebral damage involving deep brain structures. CT scans are widely accepted for acute diagnostic purposes, and for planning acute treatment. They are the screening image of choice in acute brain injury and are used to assess the need for neurosurgical intervention. Neuroimaging is not recommended in patients who sustained a concussion/mTBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. (Cifu, 2009)". Indications for computed tomography: CT scans are recommended for abnormal mental status, focal neurologic deficits, or acute seizure and should also be considered in the following situations: Signs of basilar skull fracture, Physical evidence of trauma above the clavicles, Acute traumatic seizure, Age greater than 60, An interval of disturbed consciousness-Pre-or post-event amnesia, Drug or alcohol intoxication, Any recent history of TBI, including MTBI, Also may be used to follow identified pathology or screen for late pathology. Subsequently, CT scans are generally accepted when there is suspected intracranial blood, extra-axial blood, hydrocephalus, altered mental states, or a change in clinical condition, including development of new neurological symptoms or post-traumatic seizure (within the first days following trauma). MRI scans are generally recommended as opposed to CT once the initial acute stage has passed. (Colorado, 2005) Patients presenting to the emergency department with headache and abnormal findings in a neurologic examination (i.e., focal deficit, altered mental status, altered cognitive function) should undergo emergent non-contrast head computed tomography (CT) scan. (ACEP, 2002) In this case, the medical records fail to document any of the indications noted above. As such, the request for CT Scan of the Brain prior to surgery is not medically necessary.