

Case Number:	CM15-0030218		
Date Assigned:	02/23/2015	Date of Injury:	01/21/2010
Decision Date:	04/07/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/18/2015

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 34-year-old male, who sustained an industrial injury on January 21, 2010. He has reported pop in the back of his head and neck, dizziness, and vertigo. His diagnoses include chronic lumbar strain, chronic cervical strain, and meningocele repair. He has been treated with a home exercise program, and medications including short-acting and long-acting pain, and an anticonvulsant. On December 11, 2014, his treating physician reports he experienced a loss of consciousness followed by a fall and striking his head on a bolt in the garage. He had a scalp laceration that was sutured and facial bruises. His headaches have increased over the past week. The physical exam revealed a healing abrasion of the right lateral eyebrow and healing puncture wound of the central skull. The cervical spine had tenderness at cervical 5-6, tightness of the cervical paravertebral muscles, significantly decreased range of motion with pain, and normal reflexes of the upper extremities. There was a healing 1cm jagged puncture wound with slight erythema at the margins. The treatment plan includes cervical spine x-rays. On February 18, 2015, the injured worker submitted an application for IMR for review of requests for a cervical x-ray and a CT scan of the skull. The x-ray was non-certified based on lack of documentation of red flag diagnosis, or failure of conservative treatment. The CT scan was non-certified based on the claimant did not meet the recommended criteria. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical X-Ray: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: Per the ACOEM guidelines, regarding cervical radiographs, "Initial studies (are recommended) when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present." Routine studies are not recommended in the absence of red flags. ACOEM also notes that "Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise." (American College of Surgeons. Advanced Trauma and Life Support: A Manual for Instructors. Chicago: ACS;1993.) Head trauma is noted on 12/11/14 visit. As such, the request for cervical x-ray is medically necessary.

CT Scan of Skull: Overturned

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) HeadPer the ACOEM guidelines regarding cervical radiographs; ½ Initial studies (are recommended) when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present.½ Routine studies are not recommended ½ in the absence of red flags.½ ACOEM also notes that ½Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise.½ (American College of Surgeons. Advanced Trauma and Life Support: A Manual for Instructors. Chicago: ACS;1993.) Head trauma is noted on 12/11/14 visit. As such the request for X-rays cervical spine is medically necessary.

Decision rationale: The MTUS is silent on CT scan of skull or head. The Official Disability Guidelines were used. They state that the indications for CT of the head include the followingIndications 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 noncontrast head computed tomography (CT) scan. (ACEP, 2002) In this case, the medical records do demonstrate trauma to his head. As such, the request for CT scan of the skull is medically necessary.