

<b>Case Number:</b>	CM15-0039718		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	12/10/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 63-year-old male who sustained a work related injury December 10, 2014. While climbing into his truck, he lost his footing, slipped and fell backward, hitting his head on the concrete ground with loss of consciousness, approximately one minute. He complained of headache, dizziness, neck pain and upper back pain. Past history includes a back injury 24 years ago. Diagnoses included thoracic strain; lumbar spine strain; neck strain; left shoulder strain; and scalp abrasion and contusion. Treatment included x-rays, tetanus toxoids, lumbar support, ice, mineral ice, physical therapy, and medications. According to a primary treating physician's report dated December 30, 2014, the injured worker presented for re-evaluation with unchanged back and left shoulder pain, slightly improved neck pain, headaches with occasional nausea and vomiting, dizziness, blurred vision, and tinnitus over the last week and light flashes, right eye only. Diagnoses included thoracic, lumbar spine, left shoulder, and neck strain; possible retinal versus vitreous detachment right eye and scalp contusion and abrasion. Treatment plan included emergent ophthalmology consultation; MRI head/brain; continue additional physical therapy neck/back shoulder and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT of head:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CT (computed tomography) <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, head CT scan is recommended. 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 and 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) There is no documentation in the patient file that the patient have any focal neurological signs. There is no documentation that the patient have any indication of CT scan of the head. Therefore, the request is not medically necessary.

**Chiropractic treatment-physiotherapy 3 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** According to MTUS guidelines, Manual therapy & manipulation “Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion.” Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. There is no documentation provided describing if the patient has had any previous chiropractic treatment and if so what the outcome was. In addition, the frequency of the treatment should be reduced from 12 to 3 or less sessions. More sessions will be considered

when functional and objective improvement is documented. Therefore, the request for Chiropractic treatment-physiotherapy 3 times a week for 6 weeks is not medically necessary.

**Jmar range of motion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 32-33.

**Decision rationale:** According to MTUS guidelines, range of Motion measurement is a basic part of musculoskeletal examination and should be routinely performed without the need for a specialist. There is no documentation that the patient condition requires a special consultation to evaluate range of motion. Therefore, the request is not medically necessary.