MAXIMUS Federal Services

Case Number:	CM15-0040530		
Date Assigned:	03/10/2015	Date of Injury:	09/28/2012
Decision Date:	04/13/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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: California
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:

The injured worker is a 54 year old female, who sustained an industrial injury on 09/28/2012. The initial injury was not remembered by the injured worker; however, it was noted that she was found sitting on the floor in her classroom conscious but incoherent, shaking, sweating and with loss of continence. The injured worker was diagnosed as having intracranial hemorrhage, traumatic brain injury, and subdural hematoma. Treatment to date has included burr hole placement, induced coma, CT scans of the head/brain, crainioplasty, ventriculoperitoneal (VP) shunt placement, conservative care, medications, chest x-rays, and physical therapy. Currently, the injured worker cannot formulate a list of complaints but can state what she is allowed to do or not do, due to cognitive deficits, difficulty with judgment and interpretation, with most information provided by family members. There was documented continued nausea without vomiting, rising of A1C levels, and increased cholesterol levels. It was also noted that the injured worker's right leg gave out on her on 12/17/2014 and unable to walk on 12/23/2014The current treatment plan included a CT scan of the head/brain, and continued medications.

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 Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (updated 1/21/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Tables 8-1 and 8-8.

Decision rationale: The MTUS/ACOEM Guidelines comment on the indications for emergency imaging of the head and neck. Indications for emergency imaging are based on the presence of red flag signs or symptoms, as described in Table 8-1. These red flag signs serve as indicators for potentially serious underlying conditions. These guidelines indicate that when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present, then emergent imaging with CT or MRI is recommended (Table 8-8). The note of 12/23/2014 states that the patient was having a new problem of ambulating and was off her baseline. This was clearly a challenging assessment to make; based on the nature and severity of her prior intracranial injuries and ongoing neurologic impairments. In my judgment, the change in the patient's baseline and difficulty ambulating serves as valid red flags to warrant immediate imaging with CT. Therefore, I feel that the CT Scan of the head was medically necessary and the patient's underlying chronic neurologic disease made further assessment clinically impossible without this imaging study.

Hospital stay Qty: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (updated 1/21/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain/Chronic Section: Hospital Length of Stay.

Decision rationale: The MTUS Guidelines do not comment on the indications for a hospital stay; however, there is comment from the Official Disability Guidelines on this topic. The Official Disability Guidelines provide recommendations for length of stay for a number of different surgical and nonsurgical conditions. They are as follows: Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice that mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero. ODG hospital length of stay (LOS) guidelines: Sympathectomy (icd 05.29 Other sympathectomy and ganglionectomy) Actual data median 1 day; mean 2.0 days (0.4); discharges 540; charges (mean) [redacted] Best practice target (no complications); Never

recommended SCS (icd 03.93 Implantation or replacement of spinal neurostimulator leads) Actual data median 1 day; mean 2.3 days (0.2); discharges 3,998; charges (mean) [redacted] Best practice target (no complications) 1 day. Intrathecal Pump (icd 86.06 Insertion of totally implantable infusion pump) Actual data median 3 days; mean 5.4 days (0.4); discharges 6,995; charges (mean) [redacted] Best practice target (no complications) 3 days. Alcohol Detox (icd 94.62 Alcohol detoxification) Actual data median 3 days; mean 4.2 days (0.1); discharges 169,797; charges (mean) [redacted] Best practice target (no complications) 3 days. Alcohol Rehab/Detox (icd 94.63 Alcohol rehabilitation and detoxification) Actual data median 5 days; mean 7.0 days (1.1); discharges 12,586; charges (mean) [redacted] Best practice target (no complications) 5 days. In this case, there is insufficient documentation in the records to justify the reason for admission. Given the findings of the CT scan, it is unclear why the patient was admitted to the hospital and what the specific goals were for admission. Without specific rationale to support admission, in the face of the CT Scan findings, a hospital stay for 2 days is not considered as medically necessary.