

<b>Case Number:</b>	CM15-0085859		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### **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, 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 51-year-old male, who sustained an industrial injury on 6/18/2012. He reported a fall from a scaffold and striking his head, with loss of consciousness 20-30 seconds, and was initially diagnosed with a contusion. The injured worker was diagnosed as having status post fall with right orbit and forehead contusion, post traumatic headaches, and depression. Treatment to date has included magnetic resonance imaging of the cervical spine 8/04/2014, computerized tomography of the orbits 6/07/2013, magnetic resonance imaging of the brain 8/2014, bilateral upper and lower extremity electrodiagnostics, physical therapy, acupuncture, mental health treatment, and medications. The Doctor's First Report of Occupational Injury or Illness (2/19/2015) noted prior complaints of nausea, vomiting, left facial swelling, left eye redness, dizziness, daily headaches, and difficulty maintaining balance for months after the initial injury. He received magnetic resonance imaging scans of his head and neurologic evaluation. Currently, the injured worker complains of persistent neurologic symptoms. He reported daily headaches, mild but severe at times, more behind the right eye, and intermittent dizziness. Physical exam noted tenderness about the right temple and over the right orbit. Halpike maneuver was positive bilaterally. Neurologically on re-evaluation, his examination was unchanged. Medication use was not noted. Neurologically, he remained at maximum medical improvement. His symptoms appeared consistent and unchanged. The treatment plan included a computerized tomography of the head without contrast. Per the doctor's note dated 3/24/15 patient had

complaints of headache and dizziness. Physical examination revealed tenderness on palpation over right temple and orbit, positional vertigo. The patient has had CT scan of head on 6/7/13 that was unremarkable; MRI brain on 8/6/14 that was unremarkable. The medication list include Anaprox and Prilosec. Per the doctor's note dated 4/3/15 patient had complaints of pain in neck, back and shoulder with radiculopathy. Physical examination of the cervical region revealed limited range of motion, tenderness on palpation, muscle spasm and positive axial compression test.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prospective: 1 CT Scan of the Head without contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, (Trauma, Headaches, Ect, not including stress and mental disorders).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (updated 01/21/15) CT (computed tomography).

**Decision rationale:** 1 CT Scan of the Head without contrast. ACOEM/MTUS guideline does not address for head injuries. Hence, ODG is used. Per the ODG guidelines regarding head CT, "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. Age greater than 60. "An interval of disturbed consciousness. Pre-or post-event amnesia. 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)." 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. The records provided did not specify any of the CT scan of head indications listed above. The patient has had CT scan of head on 6/7/13 that was unremarkable; MRI brain on 8/6/14 that was unremarkable. Significant changes in the objective findings since the last study were not specified in the records provided. Any history of abnormal mental status or seizure or an interval of disturbed consciousness or pre-or post-event amnesia was not specified in the records provided. Any significant objective focal neurologic deficit was not specified in the records provided. Detailed evidence of significant abnormal motor and sensory examination findings of the cranial nerves, were not specified in the records provided. The medical necessity of the request for 1 CT Scan of the Head without contrast is not fully established for this patient, given the records provided.