

Case Number:	CM14-0111402		
Date Assigned:	08/01/2014	Date of Injury:	03/13/2001
Decision Date:	10/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 49-year-old female was reportedly injured on March 13, 2001. The mechanism of injury is noted as moving a heavy bag on a conveyor belt. The most recent progress note, dated June 5, 2014, indicates that there are ongoing complaints of neck pain, headaches, dizziness, and hearing loss. The physical examination on this date noted pain with range of motion of the cervical spine and trigger points of the cervical paraspinal muscles and trapezius. There was a normal upper extremity neurological examination. Diagnostic imaging studies indicated a normal EMG and a normal MRI of the brain. Previous treatment includes chiropractic care, psychotherapy, this tubular therapy cognitive behavioral therapy, physical therapy, Botox injections, acupuncture, and a chronic pain program. A request had been made for a high-resolution CT of the head and was not certified in the pre-authorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

High Resolution CT of the head: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment index, 11th edition (web), 2013, Head/CT (computed tomography). 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, Updated August 11, 2014.

Decision rationale: The injured employee has complaints of hearing loss, dizziness, and tinnitus, as well as migraine headaches. A prior physical examination revealed tenderness at the right mastoid level. These issues could indicate a bony problem in the right mastoid region. As such, this request for a high-resolution CT of the head is medically necessary.