

<b>Case Number:</b>	CM14-0121652		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Family Medicine, 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:

This is a 64-year-old male who reported an industrial injury on 10/24/2013, one year ago, attributed to the performance of his usual and customary job tasks reported as tripping over an air hose and falling onto the left knee and the right elbow striking the ramp with his helmet falling off and hitting his nose. The x-ray of the right elbow and left knee documented on 4/21/2014 demonstrated no evidence of a fracture. The patient complained of pain on and off to his nose. The patient reported pain with characterize level of 2/10 the patient was diagnosed with facial contusion and rule out fracture nasal bone. The treatment plan included a CT scan of the nose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT SCAN OF NOSE:** 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, CT

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter-CT scan Other Medical Treatment Guideline or Medical Evidence: general disciplinary guidelines for the practice of medicine

**Decision rationale:** The patient is noted to be one year status postdate of injury with residual tenderness to the nose. The patient's hat was noted to have struck his nose; however, no prior x-rays were performed at the same time that the elbow and knee were x-rayed. The treating physician requested a CT scan of the nose one (1) year after the date of injury to rule out fracture. There was no demonstrated medical necessity for the CT scan of the head and there was no evidence of a prior x-ray to the nose or facial bones. There was no rationale supported by objective evidence to support the medical necessity of the requested CT scan of the nose. The ODG recommends CT scans are noninvasive and should reveal the presence of blood, skull fracture, and/or structural changes in the brain. CT scans provide limited information about intrinsic cerebral damage involving deep brain structures. CT scans are widely accepted for acute diagnostic purposes, and for planning acute treatment. They are the screening image of choice in acute brain injury and are used to assess the need for neurosurgical intervention. Therefore, this request is not medically necessary.