

<b>Case Number:</b>	CM14-0127438		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 New Jersey and New York. 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 injured worker is a 52 year-old woman who was injured on 8/4/10. She complained of neck pain radiating to both arms with numbness and tingling of both hands and dizziness due to repetitive work. On exam, she had tender neck muscles with normal range of motion and strength, positive Tinel's of right wrist. She had normal motor, sensation, and reflexes of upper extremities. Electrodiagnostic testing showed bilateral carpal tunnel syndrome, otherwise normal exam. An MRI showed spinal stenosis of C5-6 and disc protrusion. The patient was diagnosed with cervical strain, cervical disc protrusion, left temporomandibular joint syndrome, carpal tunnel syndrome and chronic migraine headaches. Her dizziness was being evaluated. She was treated with chiropractic therapy, physical therapy, acupuncture, and medications such as narcotics and anti-inflammatories. As per the progress note, the patient has fullness in the left side of her face and the left face appeared to be asymmetric, with otherwise normal neurological exam. She also has enlarged thyroid. The current request is to evaluate the swelling in the left side of her face with a CT scan of the brain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT of brain r/o left facial asymmetry:** 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 06/09/2014

**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

**Decision rationale:** The request is considered not medically necessary. There are no MTUS guidelines that apply to this request. The patient had left facial asymmetry and facial swelling so a CT brain was ordered to evaluate that cause. According to ODG, a CT brain is indicated if there are neurological findings on exam. The patient has a normal neurological exam and no description of a facial droop. A "swelling" was described which is not a neurological finding. Therefore, a CT scan of the brain is not needed and is not medically necessary.