

Case Number:	CM14-0184528		
Date Assigned:	11/10/2014	Date of Injury:	09/03/2014
Decision Date:	12/18/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal 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:

The patient is an injured worker with the diagnoses of concussion, cervical strain, lumbar strain, and ataxia. Date of injury was 09-03-2014. The primary treating physician's progress report dated 9/16/14 documented subjective complaints of dizziness, blurred vision, spots. The patient thought symptoms may be due to medication. Patient reported back pain. Symptoms returned on 9/10/14. The patient reported blurred vision and unsteady gait. Objective findings were documented. Visual acuity of the left eye was 20/20. Visual acuity of the right eye was 20/25. Bilateral visual acuity was 20/20. The patient was unable to stand with eyes closed without losing balance. Unsteady gait was noted. Lumbar tenderness was noted. Motor was grossly intract. Diagnoses were concussion, cervical strain, lumbar strain, and ataxia. Treatment plan included a request for non-contrast CT computed tomography of the brain. Referral to neurology and otorhinolaryngology (ENT) for the evaluation of ataxia was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the brain-non contrast: Overturned

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 Chapter

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 (computed tomography) Concussion/mTBI (mild traumatic brain injury) American College of Radiology ACR practice parameter for performing and interpreting diagnostic computed tomography (CT) <http://www.acr.org/~media/ADECC9E11A904B4D8F7E0F0BCF800124.pdf>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address head CT computed tomography. American College of Radiology (ACR) practice parameter for computed tomography (CT) states that computed tomography is a radiologic modality that provides clinical information in the detection, differentiation, and demarcation of disease. Official Disability Guidelines (ODG) state that CT scans is noninvasive and should reveal the presence of blood, skull fracture, and/or structural changes in the brain. 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. CT scans are recommended for neurologic deficits and a recent history of TBI traumatic brain injury. Medical records document diagnoses of concussion, cervical strain, and ataxia. The patient reported dizziness, blurred vision, spots, and unsteady gait. On physical examination, the patient was unable to stand with eyes closed without losing balance. Unsteady gait was noted. A non-contrast CT computed tomography of the brain was requested. The history of concussion with associated neurological symptoms and abnormal neurologic findings on physical examination support the medical necessity of a non-contrast head computed tomography (CT) scan. Therefore, the request for CT Scan of the brain-non contrast is medically necessary.