

<b>Case Number:</b>	CM14-0096850		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old female who reported an injury on 08/28/2012. Reportedly while working in the receiving department, the injured worker stated that her head neck, and right shoulder were traumatized by 4 boxes that accidentally became displaced and fell upon her. The injured worker's treatment history included medications, x-rays, MRI studies, EMG studies, and physical therapy. The injured worker was evaluated on 02/25/2014, and it was documented that the injured worker complained of pain in the neck, upper back, low back, bilateral shoulders, and bilateral wrists. The provider noted the injured worker is also present with headaches. The injured worker reported weakness in both hands. Symptom intensity was rated at 8/10 on the pain scale. Symptoms were present on a constant basis. On physical examination of the cervical spine/neck, there was flattened lordosis, tender over bilateral splenius capitis/cervicis muscles, facet joints, medial scapular muscles, and upper trapezius muscles. Range of motion of the neck was limited to stiffness. Reflexes were 2+ bilaterally. Sensation was normal bilaterally. Motor strength bulk and tone were normal in the arms bilaterally. Lumbar spine physical examination: there was tenderness over the paralumbar extensors and facet joints. There was range of motion limited due to pain/stiffness; pain on extremes of motion including positive facet loading. Straight leg raise test was equivocal bilaterally. On 06/16/2014, the progress report submitted was illegible. Diagnoses included tension-type headache, unspecified, pain in the thoracic spine, lumbago, unspecified neuralgia, neuritis, and radiculitis, sprain/strain of unspecified site of shoulder and upper arm, other sleep disturbances, and adjustment disorder with depressed mood. Medications included naproxen and Flexeril. The request for authorization or rationale was not submitted for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient 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: Chapter Head, Web Edition.

**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).

**Decision rationale:** The request is not medically necessary. According to Official Disability Guidelines (ODG) recommend CT scans for abnormal mental status, focal neurologic deficits, or acute seizure and should also be considered in the following situations, signs of basilar skull fracture, physical evidence of trauma above the clavicles, acute traumatic seizure, age greater than 60, an interval of disturbed consciousness, pre-event or post-event amnesia, drug or alcohol intoxication, and any recent history of TBI, including NTBI. CT scans are usually generally accepted when there is suspected intracranial blood, extra-axial blood, hydrocephalus, altered mental status states, or change in clinical condition, including development of new neurological symptoms or posttraumatic seizures (within the first days following trauma). The documentation submitted for review on 06/16/2014 was illegible. On 02/25/2014, the provider noted the injured worker complained of headaches; however, he failed to indicate duration and frequency of headaches. As such, the request for outpatient CT scan of the head without contrast is not medically necessary.