

<b>Case Number:</b>	CM15-0015756		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	03/01/1999
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 65-year-old female, with a reported date of injury of 03/01/1999. The diagnosis includes cerebral atherosclerosis. Treatments have included oral medications. The medical report dated 07/24/2014 indicates that the physical and neurological examination had normal findings. The medical records from which the request originates was not included in the medical records provided for review. The treating physician requested a computerized tomography (CT) scan of the brain. A letter from the requesting physician dated 01/13/2015 indicates that the reason for the request is refractory occipital headache, blurred vision, anti-coagulation history of high blood pressure, and to assess for bleed/mass/stroke. On 01/08/2015, Utilization Review (UR) denied the request for a computerized tomography (CT) scan of the brain, noting limited findings on examination to support the need for a CT scan. The MTUS Guidelines and the non-MTUS Official Disability Guidelines were cited.

### 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 for a possible bleed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CT (computed tomography). <http://www.odg-twc.com/index.html>

**Decision rationale:** According to ODG guidelines, CT scan of the brain is recommended: Indications for computed tomography :- CT scans are recommended 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-or post-event amnesia- Drug or alcohol intoxication--Any recent history of TBI, including MTBI- Also may be used to follow identified pathology or screen for late pathology. Subsequently, CT scans are generally accepted when there is suspected intracranial blood, extra-axial blood, hydrocephalus, altered mental states, or a change in clinical condition, including development of new neurological symptoms or post-traumatic seizure (within the first days following trauma). MRI scans are generally recommended as opposed to CT once the initial acute stage has passed. (Colorado, 2005)- Patients presenting to the emergency department with headache and abnormal findings in a neurologic examination (i.e., focal deficit, altered mental status, altered cognitive function) should undergo emergent noncontrast head computed tomography (CT) scan. (ACEP, 20). There is no documentation of focal neurological signs in this patient who sustained a work related injury on 1999. Therefore, the request is not medically necessary.