

Case Number:	CM15-0125434		
Date Assigned:	07/10/2015	Date of Injury:	04/29/2015
Decision Date:	08/05/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/29/2015

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, Alabama, 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 (n) 21-year-old male, who sustained an industrial injury on 4/29/15. He reported injury to his head and back after falling twelve feet off a ladder and landing on a concrete floor. The injured worker was diagnosed as having basilar skull fracture, traumatic subarachnoid hemorrhage and lumbar vertebral fracture. Treatment to date has included a lumbar brace and physical therapy. A CT of the head on 5/20/15 showing residual intraparenchymal hemorrhage in the right anterior frontal lobe, with surrounding low attenuation extending from the supraorbital region to the frontal horn of the right lateral ventricle. As of the PR2 dated 6/4/15, the injured worker reports continued left sided lower back pain and right sided headaches. He also indicated increased mood swings, irritation and fatigue. Objective findings include normal gait and musculoskeletal strength. The treating physician noted the injured worker was experiencing dizziness, lightheadedness, weakness, photophobia and visual disturbances. The treating physician requested a CT of the head without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (Computed Tomography) scan of the head, non-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 (ODG), head, Computed Tomography.

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, head CT scan 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 non-contrast head computed tomography (CT) scan. (ACEP, 2002) There is no documentation that the patient has any indication of CT scan of the head. The patient has had a CT scan of the head on May 20, 2015 that did not reveal any blood clot. There is no documentation of significant change in the patient's condition suggestive of new pathology. Therefore, the request for CT scan of the head, non-contrast is not medically necessary.