

<b>Case Number:</b>	CM15-0096086		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 39-year-old male, who sustained an industrial/work injury on 1/10/13. He reported initial complaints of initial right wrist/hand pain and then right shoulder, neck, low back, and leg pain. The injured worker was diagnosed as having lumbosacral radiculopathy, depressive disorder, pain disorder associated with psychological/medical condition. Treatment to date has included medication, extensive diagnostic testing, and consultation. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 2/11/15 was negative. X- Rays results were reported on 10/2/14 of bilateral knees was negative, lumbar spine had slight lumbar scoliosis, right shoulder was negative, cervical spine was negative. Currently, the injured worker complains of right shoulder, neck, low back, and leg pain along with forgetfulness. Several documents within the submitted medical records are difficult to decipher. Per the primary physician's progress report (PR-2) on 3/30/15, report noted multiple symptoms and memory loss. The QME (qualified medical evaluator's report noted Current plan of care included examination to report slight pain to the cervical spine with full range of motion; the lumbar spine has full range of motion with complaints of lower back pain; both wrists and both shoulders have full range of motion and no other significant findings. The right wrist has limitation in range of motion. The requested treatments include One (1) CT scan for the brain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) CT scan for the brain: 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 Chapter, CT Scan.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head section, CT of the head.

**Decision rationale:** This claimant's injury was back in 2013. There was right wrist, right shoulder, neck, low back and leg pain. There has been extensive treatment. The QME notes pain in the cervical spine, with full range of motion. The reason for the CT of the brain is not clear. There is no mention or documentation of central nervous system pathology. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes a use for acute trauma, which is not applicable to this case. It notes: 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. Criteria are not met for a CT of the brain. The request is not medically necessary.