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**Notice of Independent Medical Review Determination**

Dated: 10/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	9/13/2013
Date of Injury:	2/17/2011
IMR Application Received:	9/26/2013
MAXIMUS Case Number:	CM13-0022615

- 1) MAXIMUS Federal Services, Inc. has determined the request for an urgent PET scan of the brain **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/26/2013 disputing the Utilization Review Denial dated 9/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for an urgent PET scan of the brain **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The expert reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Headache 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 treatments and/or services at issue.

### **Case Summary:**

The patient is a 42-year-old who was injured in February 2011. There is history of head injury, and postconcussive syndrome. The nature of mechanism of injury is not noted. There were memory complaints and forgetfulness. Examination in October 2012 showed memory impairments, with reported impairments a remote memory, inability to remember siblings or parents date of birth, remembered 2 of 3 objects, impaired ability to count 4 numbers backwards as well as impaired for proverbs. Impression was of cognitive deficits. There was strabismus, nystagmus, and right pronator drift. Diagnoses are status post fall with polytrauma some, head trauma with percussion, postconcussion syndrome, posttraumatic headaches, cognitive deficits on mental status exam, left wrist fracture, cervical spine strain, cervical disc disease with cervical radiculopathy. Urgent PET scan of the brain was ordered. No description is made of prior testing, such as brain MRI or CT scan.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination from the Claims Administrator
- Employee Medical Records from the Claims Administrator
- Medical Treatment Utilization Schedule

**1) Regarding the request for an urgent PET scan of the brain:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Head Chapter, PET section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The ODG notes that a PET scan can reveal reduced metabolism in the brain, but that little information is available about its use and results in traumatic brain injury. It is not generally accepted as a diagnostic study, and is not to be used solely to diagnose the presence of traumatic brain injury. In this case, there is no indication in the records that the PET scan results will impact treatment decisions. Medical necessity has not been substantiated. The request for an urgent PET scan of the brain is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.