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| Case Number: | CM13-0021394 | | |
| Date Assigned: | 11/08/2013 | Date of Injury: | 08/13/2013 |
| Decision Date: | 01/13/2014 | UR Denial Date: | 08/28/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

This claimant is a 51-year-old female who was injured in a work-related accident on 01/13/13. Clinical records for review include an emergency room report of 08/13/13 indicating the claimant had recently fallen at an elementary school when she turned to walk, tripped and fell, landing on her face. A CT scan performed at that time showed soft tissue swelling in the frontal scalp consistent with her injury but no evidence of intra-articular hematoma or fracture. Following this, the claimant followed up with [REDACTED] for subjective complaints of continued bilateral paracervical region discomfort with intermittent dizziness and headaches. Physical examination findings showed a normal mood and generalized alert appearance with a normal gait. Cervical evaluation showed 5/5 motor strength to the upper extremities with normal sensation, intact deep tendon reflexes, as well as spasm to the paravertebral musculature and suboccipital region and the trapezius muscles bilaterally. The claimant was diagnosed with cervical strain and contusion status post head injury. Referral at that time was for an MRI scan of the cervical spine for further assessment. There is also a documented request for referral for a psychiatric consultation. The records do not indicate a current psychiatric diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

A psychiatric consultation.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127..

Decision rationale: CA MTUS ACOEM states that an occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Based on California ACOEM guidelines, a psychiatric consultation would not be supported as the clinical records for review do not reflect a current diagnosis of a psychiatric notation and the specific goal of the consultation was not indicated. The request for a psychiatric consultation is not medically necessary and appropriate.

MRI of the cervical spine.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: CA MTUS ACOEM states that physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Based on California ACOEM guidelines, an MRI of the cervical spine would appear to be medically necessary. The claimant sustained head trauma, for which she continues to be with dizziness and headaches, as well as cervical complaints consistent with her fall and head injury. Given the time frame from the fall and continued ongoing symptoms, the role of an MRI scan for further assessment appears to be medically necessary at present. The request for an MRI of the cervical spine is medically necessary and appropriate.