

Case Number:	CM13-0035003		
Date Assigned:	12/11/2013	Date of Injury:	05/08/2013
Decision Date:	02/13/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/16/2013

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 Family Practice, and is licensed to practice in Texas. 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:

The patient is a 57-year-old female who reported an injury on 05/08/2013 due to a fall of approximately 6 to 7 feet landing on her nose and face. The patient reportedly sustained injuries to her face, neck, back, right shoulder, and left knee. The patient's most recent clinical examination findings included right-sided headaches that reportedly recurred daily, reaching pain levels described as 7/10 to 9/10. Objective findings included reduced cervical spine range of motion and reduced lumbosacral spine motion secondary to pain. Physical evaluation of the shoulder also revealed reduced range of motion with a positive impingement sign. The patient also had a positive compression test for neck pain and a negative straight leg raising test. The patient's diagnoses included neck sprain and strain, thoracic sprain and strain, lumbar sprain and strain. The patient's treatment plan included a neurological consultation and secondary treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

neurological consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Cervical and Thoracic Spine Chapter, as well as Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, page 163

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient sustained a closed head injury with a loss of consciousness that has been followed by recurrent headaches. The American College of Occupational and Environmental Medicine recommends consultations of specialists when a patient has a complex diagnosis that would benefit from additional expertise. As the patient has persistent symptoms possibly related to a closed head injury, the patient could benefit from a neurological consultation. A neurological consultation would be indicated in this case.

Secondary treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Cervical and Thoracic Spine Chapter, as well as Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, page 163.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient sustained a closed head injury with a loss of consciousness that has been followed by recurrent headaches. The American College of Occupational and Environmental Medicine recommends consultations of specialists when a patient has a complex diagnosis that would benefit from additional expertise. As the patient has persistent symptoms possibly related to a closed head injury, the patient could benefit from a neurological consultation. However, continued treatment from a neurologist cannot be established until an initial consultation determines the need for ongoing treatments from the specialist. The further treatment is not medically necessary at this time.