

<b>Case Number:</b>	CM13-0053338		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/27/1995
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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. The expert reviewer is Board Certified in Emergency Medicine 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 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:

Patient has a reported date of injury on 1/27/1995. Mechanism of injury is not clear. Patient struck his head on the reported date of injury (DOI) but had a vertebral artery dissection 1 month after the event. Patient has a diagnosis of chronic musculoskeletal complaints, chronic headaches, insomnia, gastritis, chronic chest pains, chronic abdominal pains, chronic hip and shoulder pains, post vertebral artery dissection and stroke with residual memory loss and diplopia. Patient also has a history of an acute myocardial infarction, diabetes and psoriasis. Medical reports reviewed. Last report reviewed until 12/10/13. Reports until 8/19/14 were also sent for review but more recent reports were not reviewed since prospective information does not retrospectively change the criteria used for IMR as per MTUS guidelines for original request. Patient complains of daily headaches. Patient also complains of bilateral hip and shoulder pains. Objective exam showed no tenderness to hips or shoulders. No paraspinal tenderness noted on exam. Shoulder exam is normal. Note from 7/23/13, 6/25/13, 5/28/13 and 4/30/13 mentions that patient is to be referred back to [REDACTED] from neurology for reassessment since patient's headaches is not believed to be a "rebound headache" since patient has been off opiates for several months. Patient has attempted multiple other medications with little improvement. Only medication that helps is Lortab. There is no recent imaging so older reports are not relevant review. Medication list include Trazodone, Baclofen, Cimetidine, Lunesta, Lidoderm, Glucosamine and Voltaren. Last neurology reported by [REDACTED] (the requested AME referral/follow up being reviewed) on 1/21/13. Had recommended stopping Lortab for potential rebound headache. Independent Medical Review is for "Follow up with agree medical examiner, [REDACTED]". Prior UR on 11/11/13 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FOLLOW UP WITH AGREED MEDICAL EXAMINER, [REDACTED]:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, Practice Chapter 7 Guidelines page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** ACOEM guidelines recommend referral to a specialist if primary treating physician has difficulty with management or uncomfortable with a line of treatment. The documentation is clear that the treating provider has attempted multiple modalities to treat patient's chronic headaches with no improvement. Trial of taking patient off Lortab as per neurologist recommendation has not improved pain. Referral to neurologist for a reevaluation is medical necessary.