

Case Number:	CM13-0061620		
Date Assigned:	03/31/2014	Date of Injury:	05/21/2012
Decision Date:	08/14/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 47-year-old male who reported an injury on 05/21/2012, due to an unknown mechanism of injury. The injured worker complained of facial pain, and visual and mental disturbances. On 07/24/2013 the physical examination revealed a positive McMurray's test of the left knee. On 05/06/2013, an MRI of the brain was performed which revealed, no mass lesion demonstrated, and a stable appearance to cerebellar tonsillar ectopia versus borderline Chiari malformation. The injured worker had diagnoses of chronic cervical spine sprain/strain with multilevel disc protrusion, chronic cervical spine sprain/strain with myofascial pain syndrome, thoracic spine sprain/strain with multilevel disc protrusions, chronic lumbar spine sprain/strain with underlying radiculopathy secondary to a 4.5 mm disc protrusion at L5-S1, and left knee sprain/strain with partial tear of the anterior cruciate ligament. The past treatment methods included chiropractic therapy. The physician recommended the injured worker be seen by a neurologist to help determine the causative factors of his head and facial pain, visual and mental disturbances, and if there is industrial causation and/or need for treatment. The request for authorization form was dated 05/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits.

Decision rationale: The injured worker has a history of headaches. The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation provided lacked subjective complaints and objective findings. The requesting physician did not provide current documentation including an adequate and complete assessment of the injured worker which would demonstrate the need for a neurology consultation. Due to lack of documentation, the request is not supported at this time. Given the above, the request for Neurology Consultation is not medically necessary.