

Case Number:	CM13-0067053		
Date Assigned:	02/10/2014	Date of Injury:	05/21/2012
Decision Date:	09/09/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/17/2013

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 Neurology, has a subspecialty in Neurology Critical Care 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:

This is a 47-year-old male with a 5/21/2012 date of injury, due to a motor vehicle accident. 12/13/13 determination was non-certified due to no neurological examination performed which demonstrates the need for more advanced neurological consultation. The symptoms were not previously reported and were subjective in nature and there was no examination findings to include radicular symptoms. Reported 9/6/13 medical report identified neck pain, dizziness, headache, as well as numbness and tingling in the upper extremities. 7/24/13 progress report identified persistent pain to the bilateral knees, positive McMurray of the left knee, positive anterior drawer. A referral is requested for an Orthopedic Surgeon and for a Psychology consultation due to depression. 5/23/14 progress report identified that the patient had an MRI with contrast of his brain to help determine if there was more that could be causing headaches. The provider reported MRI findings include stable appearance to cerebellar tonsillar ectopia versus borderline Chiari malformation. The provider stated that he would like for the patient to be seen by a neurologist to help determine the causative factors of the patient's head and facial pain (recently disclosed visual/mental disturbance) and if there was industrial causation and/or need for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGY CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 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 Chapter, Office Visit and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, pages 127 and 156.

Decision rationale: CA MTUS states that "consultations are recommended, and a 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." There was a prior non-certification due to no radicular findings on exam and only subjective complaints for an unknown period of time. Records indicate that on May 2013 the patient was seen and reported MRI findings included stable appearance to cerebellar tonsillar ectopia versus borderline Chiari malformation. The provider stated that he would like for the patient to be seen by a neurologist to help determine the causative factors of the patient's head and facial pain. It was also noted that in September the patient continued with neck pain, dizziness, headache, as well as numbness and tingling in the upper extremities. Considering the continued headaches for several months and an indication that the requested neurological consultation was due to headache and not radicular complaints. The requested neurological consultation was medically necessary.