MAXIMUS Federal Services

Case Number:	CM14-0105883		
Date Assigned:	07/30/2014	Date of Injury:	12/06/2013
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/09/2014

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 Pain Medicine and is licensed to practice in Florida. 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:

1/24/14 progress note indicates headaches with sensitivity to light and sound. The headache last 1-2 hours and occur every 2-4 days in the past 2 weeks. Examination notes normal physical examination in regard to extremities and neurologic exam. 12/12/13 note indicates the insured had a metal crowbar fall and hit his head 12/6/13. There was no loss of consciousness and no bleeding. The insured report 5 years ago indicates a diagnosed with a pituitary tumor. The insured also had an aneurysm of a cerebral blood vessel. It was treated with coiling. 5/20/14 note indicates constant pain with stabbing in the eye. The insured reports having ophthalmological examination that was normal. 6/27/14 neurological evaluation notes the insured having headaches. They first developed in the early 30s and occurred 2-3 per month. They resolved after the aneurysm was coiled. The insured describes poor sleep with frequent arousals and daytime fatigue. The insured reported short-term memory complaints. The examination was reported was normal for motor, sensory, cranial nerve, reflexes, cerebellar, and musculoskeletal exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient neuropsych evaluation & testing for chronic migraines: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The medical records provided for review do not indicate any symptoms of memory loss or problems until evaluation 6 months after reported injury. There is no additional history of report of effect on function of the reported short-term memory loss. There is no mental status or other examinations reported with demonstrated effect on cognition. The medical records provided for review do not support a severity of condition to support referral for formal cognitive evaluation.

Magnetic Resonance Imaging (MRI) of the brain, with & without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Given the medical history of previous aneurysm and required coiling with also a history of pituitary tumor and now recurrence of headaches, MRI of the brain would be supported for evaluation of underlying structural problem.

Outpatient physical therapy evaluation and treatment for chronic headaches: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ODG guidelines support physical therapy referral and treatment up to 6 visits for condition of headache related to head injury.

Follow up office visits times 2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

Decision rationale: Follow-up office visits are supported for review of diagnostic testing, reassurance of the insured of treatments, and determine if further progression of condition is occurring.

Polysomnography (PSG) for chronic headaches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The medical records provided for review indicate sleeping difficulty without documentation of severity or duration of 6 months or longer with failure of sleep behavior treatment. ODG do not support polysomnogram until after 6 months of insomnia complaint despite treatment trial. Therefore, the request is not medically necessary.